

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000116292

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** WEST COAST INFECTIOUS DISEASES, P.A.

**Current Principal Place of Business:**

1840 MEASE DR.  
SUITE 319  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

1840 MEASE DR.  
SUITE 319  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 20-0312349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAARTZ, BRENT W  
16747 NIKKI LANE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAARTZ, BRENT W  
**Address:** 16747 NIKKI LANE  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** VP  
**Name:** GROOM, TODD M  
**Address:** 1840 MEASE DRIVE, SUITE 319  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** S  
**Name:** PHILLIPS, MICHAEL C  
**Address:** 1840 MEASE DRIVE, SUITE 319  
**City-St-Zip:** SAFETY HARBOR, FL 34695

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BRENT W. LAARTZ, MD

PRES

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date