

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116292

FILED
Feb 03, 2012
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: BENT W. LAARTZ

PRES

02/03/2012

Electronic Signature of Signing Officer or Director

Date