2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# P04000015467

Entity Name: INFECTIOUS DISEASE CARE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

650 N. WYMORE ROAD # 102
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

180 S. KNOWLES AVE., SUITE 7
WINTER PARK, FL 32789

New Mailing Address:

650 N. WYMORE ROAD # 102
WINTER PARK, FL 32789

FEI Number: 03-0534696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERMAN, JED
180 S. KNOWLES AVE., SUITE 7
WINTER PARK, FL 32789 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: PRES
Name: SANCHEZ, PHILLIP MD
Address: 650 N. WYMORE ROAD # 102
City-St-Zip: WINTER PARK, FL 32789

Title: VP
Name: BLANEY, KATHLEEN ARNP
Address: 650 N. WYMORE ROAD # 102
City-St-Zip: WINTER PARK, FL 32789

Title: TRSR
Name: BLANEY, KATHLEEN ARNP
Address: 650 N. WYMORE ROAD #102
City-St-Zip: WINTER PARK, FL 32789

Title: STRY
Name: BLANEY, KATHLEEN ARNP
Address: 650 N. WYMORE ROAD #102
City-St-Zip: WINTER PARK, FL 32789

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: KATHLEEN BLANEY VP 04/27/2011

Electronic Signature of Signing Officer or Director — Date