

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109908

FILED
May 10, 2005
Secretary of State

Entity Name: OCALA INFECTIOUS DISEASE AND WOUND CENTER, INC.

Current Principal Place of Business:

1315 S.E. 25TH LOOP STE 104
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1315 S.E. 25TH LOOP STE 104
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-1422124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, GARY C ESQ
C/O SAVAGE KRIM SIMONS JONE & BABIARZ LLP
121 NW 3RD STREET
OCALA, FL 344756995 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MIRZA, HARIS I M.D.
Address: 4763 S.W. 98TH STREET
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HARIS I MIRZA

MD

05/10/2005

Electronic Signature of Signing Officer or Director

Date