2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P04000109908

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

Current Principal Place of Business:

307 SW 14TH ST.
OCALA, FL 34471

New Principal Place of Business:

307 SW 14TH ST
OCALA, FL 34471

Current Mailing Address:

307 SW 14TH ST.
OCALA, FL 34471

New Mailing Address:

307 SW 14TH ST
OCALA, FL 34471

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: MIRZA, HARIS I M.D.
Address: 5453 SE 44TH CIR
City-St-Zip: OCALA, FL 34480

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 exemption stated in Chapter 119, 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 MIRZA MD 03/25/2009
Electronic Signature of Signing Officer or Director Date