

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000109908

FILED
Jan 31, 2011
Secretary of State

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:

321 SE 29TH PLACE
101
OCALA, FL 34471

Current Mailing Address:

307 SW 14TH ST
OCALA, FL 34471

New Mailing Address:

321 SE 29TH PLACE
101
OCALA, FL 34471

FEI Number: 20-1422124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: HARIS INAM MIRZA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: MIRZA, HARIS I M.D.
Address: 678 SE 47TH LOOP
City-St-Zip: OCALA, FL 34480

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: HARIS INAM MIRZA

DR.

01/31/2011

Electronic Signature of Signing Officer or Director

Date