2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2012
Secretary of State

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

Current Principal Place of Business:

321 SE 29TH PLACE
101
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

321 SE 29TH PLACE
101
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:

MIRZA, HARIS I MD
629 SE 47TH LOOP
OCALA, FL 34480 US

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 I. MIRZA, MD 06/07/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: MIRZA, HARIS I M.D.
Address: 629 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 MIRZA, MD MD 06/07/2012
Electronic Signature of Signing Officer or Director Date