

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000057220

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** GULF COAST INFECTIOUS DISEASES, INC.

**Current Principal Place of Business:**

2120 EAST JOHNSON AVE.  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 11640  
PENSACOLA, FL 32524

**New Mailing Address:**

**FEI Number:** 20-4744987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUMARI, PARDEEP  
1130 KELTON BLVD.  
GULF BREEZE, FL 32563 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: PST  
Name: KUMARI, PARDEEP  
Address: 1130 KELTON BOULEVARD  
City-St-Zip: GULF BREEZE, FL 32563

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: PARDEEP KUMARI

PST

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date