

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007275

Entity Name: WEST FLORIDA HEALTH INFECTIOUS DISEASE GROUP, INC.**Current Principal Place of Business:**ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606-3571**Current Mailing Address:**ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606-3571**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CFRA, LLC
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name STRAZ, DAVID A JR.
Address ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606-3571

Title D
Name SHORT, STEVE
Address ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606-3571

Title D
Name SEIFERT, LEWIS
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name BURKHART, JAMES R
Address ONE TAMPA GENERAL CIRCLE
City-State-Zip: TAMPA FL 33606-3571

Title D
Name SCHULTZ, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name ADAMS, BRIAN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE SHORT**DIRECTOR****04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date