


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90039 003 ***150.00

DOCUMENT # 493131	
1. Entity Name INFECTIOUS DISEASE CONSULTANTS, M.D., P.A.	

Principal Place of Business 685 PALM SPGS DR #2A PALM SPRINGS MEDICAL CENTER ALTAMONTE SPRINGS, FL 32701	Mailing Address 685 PALM SPGS DR #2A PALM SPRINGS MEDICAL CENTER ALTAMONTE SPRINGS, FL 32701
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40020013



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 59-1634257	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUIZ, CARLOS J 685 PALM SPGS DR SUITE #2A ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, CARLOS J 685 PALM SPGS DR #2A ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, CHRISTOPHER D. 685 Palm Springs Dr. suite 2A ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRIZOSA, JAIME 685 PALM SPGS DR #2A ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, TIMOTHY W 685 PALM SPRINGS DR, STE 2A ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE JESUS, EDWIN M 685 PALM SPRINGS DR, STE 2A ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, FERNANDO S 685 PALM SPRINGS DR #2A ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNIFFEN, JASON C DO 685 PALM SPRINGS DR., #2A ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jaime Carrizosa, MD **2/15/07** **4078305577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President