FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

G56869

(2)

INFECTIOUS DISEASES ASSOCIATES, P.A.

| Principal Place of Business Mailing Address | | | | | | | | | | ## WIATE 48 | II ALBII BIBI | 4 41011 U FBII U | ABN BIBII | 11001 |
|--|------------------|--|-----------------|------------------------------------|--------------|--------------|---|--|--|-----------------------|---------------------|--------------------------|---------------------|--------------------|
| 1875 FLOYD SARASOTA F | | | | 1875 FLOYD ST SARASOTA FL 34239 | | | | | DO NO. | T WRITE | IN THIS | SPACE | | |
| • | | | | | | | | | 3. Date incorporated or Qu | alified | | | | |
| | | | | | | | | | 08/26/1983 | | | | _ | |
| 2. Principal Pi | 28 | 2a. Mailing Address | | | | | 4. FEI Number Applied For | | | | | d For | | |
| 21 | 26 | | | | | | 59-2319380 | | | | Not Applicable | | | |
| —, Suite, Apt∴ | <u> </u> | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Des | ired | | \$8.75 | | | | |
| 22 | 27 | City & State | | | | | | | | | Require | | | |
| City & State | | ├ - ¬ ` | | | | | 6. Election Campaign Final Trust Fund Contribution | ncing | | | 0 May | | | |
| Zip Country | | | 28 | | | | Country | | | , han na | _= | | d to Fe | |
| 25 | | | 29 | 29 30 | | | , | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | | |
| 9, Name and Address of Curre | | | | | | | | 10. Name and Address of New Registered Agent | | | | | | |
| STALL JEFFREY R | | | | | | | N | lame | | | | | | |
| 1875 FLOYD ST | | | | | | | s | treet Addre | Address (P.O. Box Number is Not Acceptable) | | | | | |
| SARASOTA FL 34239 | | | | | | | ľ | deer ridgie | 33 (1:0: DOX 14B(1)DOI 13 140(A | ccopiai | лој | | | |
| | | | | | | 83 | | | | | | | | |
| | | | | | | 84 | - | ity | | | | 85 Zi | p Code | |
| | | | | | | | | - | | | FL | - | _ | |
| office or re | egistered ag | ions of Sections 6 jent, or both, in th ith, and accept th | e State of Flor | ida. Such ch | ianoe was au | thorized b | v the | amed corpo e corporatio | oration submits this statement on's board of directors. I hereb | for the p by accer | ourpose cot the app | of changing pointment | its reg as regis | jistered stered |
| SIGNATURE | | | | | | | | | | | | | | |
| | Signature, typod | or printed name of regis | <u>-</u> - | | (NOTE | | ent si | gnature required | d when reinstating) | 0.0554 | DATE | D DIDEAT | 252.01 | |
| 12. | DP | OFFICE | RS AND DIRE | | DELETE | 13. | | | ADDITIONS/CHANGES TO | JOFFIC | JEHS AN | Change | | Addition |
| NAME | | IEEEDEV | | | DICCIL | | | | | | | C Guignig | , L | Addition |
| NAME STALL, JEFFREY STREET ADDRESS 1875 FLOYD STREET | | | | | | | 1.2 NAME 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP SARASOTA, FL 00000 | | | | | | | 1.4 CITY-ST-ZIP | | | | | | | |
| TITLE | D | 717, 1 2 00000 | | | DELETE | 2.1 TITLE | J1- Z1 | ' | ···· | | | Change | e \square | Addition |
| NAME | KRINSK | Y, ANDREW | | | | 2.2 NAME | | | | | | | _ | |
| STREET ADDRESS | 1875 FL | | | | | 2.3 STREET | r add | RESS | | | | | | |
| CITY-ST-ZIP | SARASC | | | | | 2. 4 CITY- | ST-Z | IP | 1 | • | | | | |
| TITLE | D | | | | DELETE | 3.1 TITLE | | | | | | Change | · 🗆 | Addition |
| NAME | LIPMAN, | , Mark | | | | 3 5 NAME | | | | | | | | |
| STREET ADORESS | 1875 FLOYD ST | | | | | 3 3 STREET | ADD | ress | | | | | | |
| CITY-ST-ZIP | SARASC |)TA FL | | | | 3.4. CITY- | ST-Z | IP | | | | | | |
| TITLE | D | | | | DELETE | 4.1 TITLE | | | | | | L Change | ; <u> </u> | Addition |
| NAME | | MICHAEL | | | | 4.2 NAME | | | | | | | | |
| STREET ADDRESS | | OYD ST. | | | | 4.3 STREET | ADD | RESS | | | | | | |
| CITY-ST-ZIP | SARASC | TA FL | | | DELETE | 4.4 CITY - S | ST - ZII | P | | | | 1 100 | | A Later |
| TITLE | | | | ليا | DELETE | 5.1 TITLE | | | | | | L Change | <u>ل</u> ــا ، | Addition |
| NAME | | | | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | | | | 5.3 STREET | | i | | | | | | |
| CITY-ST-ZIP TITLE | | | | | DELETE | 5.4 CITY - S | i - ZII | - | | | | Change | , — | Addition |
| | | | | u | PECUL | 6.1 TITLE | | | , | | | L. Charly | . ப | AUDITORI |
| NAME ETREET ANNOESS | | | | | | 6.2 NAME | . Ann | DECC. | | | | | | |
| STREET ADDRESS | | | | | | 6.3 STREET | AUU | UC99 | | | | | | |

SIGNATURE:

FILED

Apr 29 1998 8:00am

Secretary of State

A LODENNA BOOK ONTO BRICKE LONGE ONTO CONTROL BROKE BOOK DECENT BROKE BROKE DICKER RODE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on a attachment without additional contents.