# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# L27547

**Entity Name:** INFECTIOUS DISEASE ASSOCIATES OF GREATER ORLANDO, P.A.

**Current Principal Place of Business:**

218 STRATHY LANE
WINTER PARK, FL 32792

**New Principal Place of Business:**

1400 SOUTH ORLANDO AVENUE
SUITE 205
WINTER PARK, FL 32789

**Current Mailing Address:**

218 STRATHY LANE
WINTER PARK, FL 32792

**New Mailing Address:**

1400 SOUTH ORLANDO AVENUE
SUITE 205
WINTER PARK, FL 32789

**FEI Number: 59-2973623** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SPOTO, VINCENT M
218 STRATHY LANE
WINTER PARK, FL 32792 US

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

SPOTO, VINCENT M
1400 SOUTH ORLANDO AVENUE
SUITE 205
WINTER PARK, FL 32789 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: 04/28/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: SPOTO, VINCENT M
Address: 218 STRATHY LANE
City-St-Zip: WINTER PARK, FL 32792

Title: DVS ( ) Delete
Name: TELLO, JAVIER E
Address: 218 STRATHY LANE
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition
Name: SPOTO, VINCENT M
Address: 1400 SOUTH ORLANDO AVENUE SUITE 205
City-St-Zip: WINTER PARK, FL 32789

Title: DVS (X) Change ( ) Addition
Name: TELLO, JAVIER E
Address: 1400 SOUTH ORLANDO AVENUE SUITE 205
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VINCENT M. SPOTO DPT 04/28/2009
Electronic Signature of Signing Officer or Director — Date