

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46387

FILED
Apr 28, 2006
Secretary of State

Entity Name: INFECTIOUS DISEASE CONSULTANTS, P.A.

Current Principal Place of Business:

9750 N. W. 33RD STREET
STE 107
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9750 N. W. 33RD STREET
STE 107
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0262189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHAN, MELVIN M.D.
9750 NW 33 ST. SUITE 107
CORAL SPRINGS, FL 33065 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KOHAN, MEL, M.D.
Address: 9750 NW 33RD ST #107
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: JAROSLAV, ONDRUSEK MD
Address: 9750 NW 33RD STREET 107
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: RANDICH, CESAR MD
Address: 9750 NW 33 ST # 107
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: KOMAIHA, HAMED A MD
Address: 9750 NW 33 ST # 107
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: VILLALBA, JOSE MD
Address: 9750 NW 33 ST # 107
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MELVIN S. KOHAN, M.D.

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date