

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46387

FILED
Mar 03, 2008
Secretary of State

Entity Name: INFECTIOUS DISEASE CONSULTANTS, P.A.

Current Principal Place of Business:

2901 CORAL HILLS DRIVE
STE 220
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2901 CORAL HILLS DRIVE
STE 220
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.
2901 CORAL HILLS DRIVE
220
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: 2901 CORAL HILLS DRIVE #220
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: JAROSLAV, ONDRUSEK MD
Address: 2901 CORAL HILLS DRIVE #220
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: RANDICH, CESAR MD
Address: 2901 CORAL HILLS DRIVE #220
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: KOMAIHA, HAMED A MD
Address: 2901 CORAL HILLS DRIVE #220
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: VILLALBA, JOSE MD
Address: 2901 CORAL HILLS DRIVE # 220
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 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 KOHAN M.D.

Electronic Signature of Signing Officer or Director

PRES

03/03/2008

_____ Date