

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46387

FILED  
Apr 02, 2009  
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: MEL KOHAN MD

Electronic Signature of Signing Officer or Director

PRES

04/02/2009

\_\_\_\_\_ Date