

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46387

FILED
Apr 04, 2011
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

OFFICERS AND DIRECTORS:

Title: DR
Name: KOHAN, MEL, M.D
Address: 2901 CORAL HILLS DRIVE #220
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DR
Name: GOPAL, INDULEKHA MD
Address: 2901 CORAL HILLS DRIVE #220
City-St-Zip: CORAL SPRINGS, FL 33065

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

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

Title: DR
Name: VILLALBA, JOSE MD
Address: 2901 CORAL HILLS DRIVE # 220
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby 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 all other like empowered.

SIGNATURE: MELVIN S. KOHAN, MD

PRES

04/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date