

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 427972

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: INFECTIOUS DISEASE, INC.

## Current Principal Place of Business:

3329 CR 234  
GAINESVILLE, FL 32641

## New Principal Place of Business:

## Current Mailing Address:

C/O MONIF, GILLES, RG  
P O BOX 1029  
BELLEVUE, NE 68005 US

## New Mailing Address:

FEI Number: 59-1991801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, ELLIOT  
1205 S.W. 170TH STREET  
NEWBERRY, FL 32669 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: PD ( ) Delete  
Name: MONIF, GILLES R G.  
Address: 17121 LAKEWOOD DRIVE  
City-St-Zip: OMAHA, NE 68123

Title: VPD ( ) Delete  
Name: MONIF, WILLIAM  
Address: 17121 LAKEWOOD DRIVE  
City-St-Zip: OMAHA, NE

Title: DS ( ) Delete  
Name: CELINE, MONIF  
Address: 17121 LAKEWOOD DRIVE  
City-St-Zip: OMAHA, NE 68123

Title: D ( ) Delete  
Name: MONIF, REX  
Address: 176 M STRED  
City-St-Zip: TEKAMAH, NE 68061

## 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: D (X) Change ( ) Addition  
Name: MONIF, REX  
Address: 176 M ST.  
City-St-Zip: TEKAMAH, NE 68061

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: GILLES R. G. MONIF, M.D.

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date