2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 427972

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

OFFICERS AND DIRECTORS:

Title: PD
Name: MONIF, GILLES R G.
Address: 17121 LAKEWOOD DRIVE
City-St-Zip: OMAHA, NE 68123

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

Title: DS
Name: CELINE, MONIF
Address: 1115 GRENOBLE DRIVE
City-St-Zip: BELLEVUE, NE 68123

Title: D
Name: MONIF, REX
Address: 313 NORTHRIDGE CIRCLE
City-St-Zip: TEKAMAH, NE 68061

Title: D
Name: WILLIAMS, ELLIOT
Address: 1205 S.W. 170TH STREET
City-St-Zip: NEWBERRY, FL 32669

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: GILLES R.G. MONIF, M.D. PD 01/03/2012

Electronic Signature of Signing Officer or Director Date