


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90090 018 ***150.00

DOCUMENT # 629609 1. Entity Name INFECTIOUS DISEASE PHYSICIANS, P.A.					
Principal Place of Business 7800 SW 87TH AVE MIAMI, FL 33173-0570 US			Mailing Address 7800 SW 87TH AVE B260 MIAMI, FL 33173-0570 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 0260		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1921343	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAHN, JEFF 1515 NORTH FEDERAL HWY SUITE 300 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BAKER, H BARRY, MD 7800 S.W. 87TH AVE #B260 MIAMI, FL 00000,		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33173	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT JACOBSON, NATHAN A, MD 7800 S.W. 87TH AVE #B260 MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33173	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEVINE, RICHARD L, MD 7800 S.W. 87TH AVE #B260 MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gilberto Rodriguez 7800 SW 87th Ave B260 Miami, FL 33173	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>H. Barry Baker</i>			Date: <i>1/16/07</i> Daytime Phone #: <i>(305) 595-4590</i>		