2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 629609

Entity Name: INFECTIOUS DISEASE PHYSICIANS, P.A.

Current Principal Place of Business:

7800 SW 87TH AVE
STE B260
MIAMI, FL 331730570 US

New Principal Place of Business:

Current Mailing Address:

7800 SW 87TH AVE
B260
MIAMI, FL 331730570 US

New Mailing Address:

7800 SW 87TH AVE
STE B260
MIAMI, FL 331730570 US

FEI Number: 59-1921343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAHN, JEFF
1515 NORTH FEDERAL HWY
SUITE 300
BOCA RATON, FL 33432 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: P
Name: BAKER, H BARRY, MD
Address: 7800 S.W. 87TH AVE #B260
City-St-Zip: MIAMI, FL 33173

Title: VP
Name: JACOBSON, NATHAN A, MD
Address: 7800 S.W. 87TH AVE #B260
City-St-Zip: MIAMI, FL 33173

Title: S
Name: LEVINE, RICHARD L, MD
Address: 7800 S.W. 87TH AVE #B260
City-St-Zip: MIAMI, FL 33173

Title: D
Name: RODRIGUEZ, GILBERTO, MD
Address: 7800 SW 87 AVE B260
City-St-Zip: MIAMI, FL 33173

Title: D
Name: GAVIRIA, JOSE M, MD
Address: 7800 SW 87 AVE B260
City-St-Zip: MIAMI, FL 33173

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: H BARRY BAKER, MD P 02/15/2011

Electronic Signature of Signing Officer or Director — Date