

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 629609

FILED  
Mar 28, 2012  
Secretary of State

**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  
STE B260  
MIAMI, FL 331730570 US

**New Mailing Address:**

**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

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date