

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-22-2007 90086 013 ***150.00

DOCUMENT # G56869 1. Entity Name INFECTIOUS DISEASES ASSOCIATES, P.A.					
Principal Place of Business 1425 SOUTH OSPREY AVE STE 1 SARASOTA, FL 34239 US			Mailing Address 1425 SOUTH OSPREY AVE STE 1 SARASOTA, FL 34239 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2319380	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRINSKY, ANDREW H 1425 S OSPREY AVE STE 1 SARASOTA, FL 34239				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEGA, VILMA		NAME	Mercado, Roberto	
STREET ADDRESS	1425 S OSPREY STREET STE 1		STREET ADDRESS	1425 S. Osprey Ave Ste 1	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRINSKY, ANDREW		NAME	Larkin, Julie	
STREET ADDRESS	1425 S OSPREY STREET STE 1		STREET ADDRESS	1425 S. Osprey Ave Ste 1	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPMAN, MARK		NAME		
STREET ADDRESS	1425 S OSPREY STREET STE 1		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILAM, MICHAEL		NAME		
STREET ADDRESS	1425 S OSPREY STREET STE 1		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDILLO, MANUEL		NAME		
STREET ADDRESS	1425 S OSPREY AVE STE 1		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALLAPRAGADA, SUDHA		NAME		
STREET ADDRESS	1425 SOSPREY AVE., STE 1		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP		
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>Andrew H Krinsky</i>			Andrew H Krinsky MD 1/19/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

941-366-9060