

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2319380

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRINSKY, ANDREW H
1425 S OSPREY AVE
STE 1
SARASOTA, FL 34239

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VEGA, VILMA
STREET ADDRESS 1425 S OSPREY STREET STE 1
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D
NAME KRINSKY, ANDREW
STREET ADDRESS 1425 S OSPREY STREET STE 1
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D
NAME LIPMAN, MARK
STREET ADDRESS 1425 S OSPREY STREET STE 1
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D
NAME MILAM, MICHAEL
STREET ADDRESS 1425 S OSPREY STREET STE 1
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D
NAME GORDILLO, MANUEL
STREET ADDRESS 1425 S OSPREY AVE STE 1
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D
NAME TALLAPRAGADA, SUDHA
STREET ADDRESS 1425 SOSPNEY AVE., STE 1
CITY-ST-ZIP SARASOTA, FL 34239

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02/05/08-80023-013 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew H Krinsky

1/23/08 9413669060

Date

Daytime Phone #