


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90038 003 \*\*\*\*70.00

<b>DOCUMENT # N41708</b> 1. Entity Name <b>FLORIDA INFECTIOUS DISEASE SOCIETY, INC.</b>					
Principal Place of Business <b>8807 HEATHER GLEN COURT TAMPA, FL 33647</b>			Mailing Address <b>8807 HEATHER GLEN COURT TAMPA, FL 33647</b>		
2. Principal Place of Business <b>647 Watersideway Sarasota FL</b>			3. Mailing Address <b>647 Watersideway Sarasota</b>		
City & State <b>Sarasota FL</b>			City & State <b>Sarasota</b>		
Zip <b>34242</b>		Country <b>FL</b>		Zip <b>34242</b>	
Country <b>FL</b>		4. FEI Number <b>59-3046783</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TONEY, JOHN F 8807 HEATHER GLEN COURT TAMPA, FL 33647</b>					
7. Name and Address of New Registered Agent Name <b>Jack L LeFrock</b> Street Address (P.O. Box Number is Not Acceptable) <b>647 Watersideway</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34242</b>					
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 <b>Jack L LeFrock</b> DATE <b>1/16/05</b>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
VT	VANDELDE, ALEXANDER G MD	1424 EDGEWOOD CIRCLE	JACKSONVILLE, FL 32205		
PD	TONEY, JOHN F M.D.	8807 HEATHER GLEN COURT	TAMPA, FL 33647	Delete	
VTS	LE FROCK, JACK L MD	647 WATERSIDE WAY	SARASOTA, FL 34242	Delete	
VT	DUMA, RICHARD J MD, PHD	407 LONG COVE ROAD	ORMOND BEACH, FL 32174	Delete	
				Delete	
				Delete	
				Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <b>Jack L LeFrock</b> DATE: <b>1/16/05</b> 941-809-7559					

**Jack L LeFrock**