


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90016 031 ****61.25

DOCUMENT # N41708					
1. Entity Name FLORIDA INFECTIOUS DISEASE SOCIETY, INC.					
Principal Place of Business 647 WATERSIDEWAY SARASOTA, FL 34242			Mailing Address 647 WATERSIDEWAY SARASOTA, FL 34242		
2. Principal Place of Business - No P.O. Box # 6831 NW 11th Place		3. Mailing Address 6831 NW 11th Place			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2			
City & State Gainesville FL		City & State Gainesville FL			
Zip 32605	Country USA	Zip 32605	Country USA	4. FEI Number 59-3046783	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEFROCK, JACK L M.D. 647 WATERSIDEWAY SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name Arthur A. Mauceri M.D. Street Address (P.O. Box Number is Not Acceptable) 6831 NW 11th Place Suite 2 City Gainesville FL Zip Code 32605		
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 <u>Arthur A. Mauceri M.D. / Sec-Treas</u> <i>Arthur A. Mauceri</i> -1/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VANDELDELDE, ALEXANDER G MD 1424 EDGEWOOD CIRCLE JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jerome A. Gold M.D. 17152 Huntington Parkway Boca Raton FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LE FROCK, JACK L MD 647 WATERSIDE WAY SARASOTA, FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Arthur A. Mauceri M.D. 6831 NW 11th Place - Suite 2 Gainesville FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DUMA, RICHARD J MD, PHD 407 LONG COVE ROAD ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u>Arthur A. Mauceri M.D. / Sec-Treas</u> <i>Arthur A. Mauceri</i> 1/24/07 (352) 331-3650 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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