2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N41708

Entity Name: FLORIDA INFECTIOUS DISEASE SOCIETY, INC.

Current Principal Place of Business:

6831 NW 11TH PL
STE. 2
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6831 NW 11TH PL
STE. 2
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3046783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAUCERI, ARTHUR A
6831 NW 11TH PLACE
STE. 2
GAINESVILLE, FL 32605 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 ( ) Delete
Name: GOLD, JEROME A
Address: 17152 HUNTINGTON PKWY
City-St-Zip: BOCA RATON, FL 33496

Title: TS ( ) Delete
Name: MAUCERI, ARTHUR A
Address: 6831 NW 11TH PL
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOLD, JEROME A
Address: 17152 HUNTINGTON PKWY
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR A. MAUCERI TS 02/02/2009

Electronic Signature of Signing Officer or Director — Date