

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41708

FILED
Jan 31, 2012
Secretary of State

Entity Name: FLORIDA INFECTIOUS DISEASE SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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: PD
Name: CARRIZOSA, JAIME
Address: 685 PALM SPRINGS DRIVE 2A
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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

Title: SEC
Name: SNIFFEN, JASON C
Address: 685 PALM SPRINGS DRIVE 2A
City-St-Zip: ALTAMONTE SPRINGS, UN 32701

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR A MAUCERI

TS

01/31/2012

Electronic Signature of Signing Officer or Director

Date