

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000167

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: MID-FLORIDA INFECTIOUS DISEASE, P.A.

## Current Principal Place of Business:

1315 S ORANGE AVE  
2ND FLOOR  
ORLANDO, FL 32806

## New Principal Place of Business:

280 PATTERSON ROAD  
SUITE 4  
HAINES CITY, FL 33844

## Current Mailing Address:

PO BOX 568863  
ORLANDO, FL 32856

## New Mailing Address:

FEI Number: 59-3615965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RYAN, JAMES P MD  
1315 S ORANGE AVE  
2ND FLOOR  
ORLANDO, FL 32806

## Name and Address of New Registered Agent:

RYAN, JAMES P MD  
8554 SIDON STREET  
ORLANDO, FL 32817

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:

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RYAN, JAMES P MD  
Address: 1315 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RYAN, JAMES P MD  
Address: 8554 SIDON STREET  
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P RYAN, MD

D

04/13/2004

Electronic Signature of Signing Officer or Director

Date