

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90043 012 \*\*\*150.00

DOCUMENT # P00000014756

1. Entity Name

INFECTIOUS DISEASE OF CENTRAL FLORIDA, P.A.



Principal Place of Business

1720 S ORANGE AVE  
#500  
ORLANDO FL 32806

Mailing Address

1720 S ORANGE AVE  
#500  
ORLANDO FL 32806



2. Principal Place of Business - No P.O. Box #

1720 S. Orange Ave

Suite, Apt. #, etc.

# 300

3. Mailing Address

1720 S. Orange Ave

Suite, Apt. #, etc.

# 300

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

Orange

Zip

32806

Country

Orange

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3627041

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, WILLIAM JAY  
1720 S. ORANGE AVE #500  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

Robbin, William Jay

Street Address (P.O. Box Number is Not Acceptable)

1720 S. Orange Ave #300

City

Orlando

FL

Zip Code

32806

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revalidating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
DP	ROBBINS, WILLIAM JAY	1720 S ORANGE AVE STE 500	ORLANDO FL 32806	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP	Robbins, William Jay	1720 S. Orange Ave Ste 300	Orlando, FL 32806	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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 Section 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 607, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 467-246-1946

Date

Daytime Phone #