

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014756

FILED
Feb 04, 2009
Secretary of State

Entity Name: INFECTIOUS DISEASE OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

1720 S ORANGE AVE
SUITE 300
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1720 S ORANGE AVE
SUITE 300
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3627041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBIN, WILLIAM J
1720 S. ORANGE AVE #500
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

INFECTIOUS DISEASE OF CENTRAL FL
1720 S. ORANGE AVE #500
ORLANDO, FL 32806 US

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: WILLIAM J ROBBINS

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBBINS, WILLIAM JAY
Address: 1720 S. ORANGE AVE. STE. 300
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: ROBBINS, WILLIAM JAY
Address: 1720 S. ORANGE AVE. STE. 300
City-St-Zip: ORLANDO, FL 32806

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J ROBBINS

MD

02/04/2009

Electronic Signature of Signing Officer or Director

Date