

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014756

FILED  
Jan 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

44 WEST LAKE BEAUTY DR  
SUITE 104  
ORLANDO, FL 32806

**New Principal Place of Business:**

22 WEST LAKE BEAUTY DR  
SUITE 104  
ORLANDO, FL 32806

**Current Mailing Address:**

P.O. BOX 568527  
ORLANDO, FL 32856 85

**New Mailing Address:**

22 WEST LAKE BEAUTY DR  
SUITE 104  
ORLANDO, FL 32806

**FEI Number:** 59-3627041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INFECTIOUS DISEASE OF CENTRAL FL  
44 WEST LAKE BEAUTY  
SUITE 104  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

INFECTIOUS DISEASE OF CENTRAL FL  
22 WEST LAKE BEAUTY  
SUITE 104  
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

01/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: ROBBINS, WILLIAM JAY  
Address: 22 WEST LAKE BEAUTY STE 104  
City-St-Zip: ORLANDO, FL 32806

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

SIGNATURE: WILLIAM J. ROBBINS

MD

01/11/2011

Electronic Signature of Signing Officer or Director

Date