


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90981 025 \*\*\*150.00

<b>DOCUMENT # P00000107337</b> 1. Entity Name <b>ASSOCIATES IN INFECTIOUS DISEASES, P.A.</b>					
Principal Place of Business 1801 SE HILLMOOR DR SUITE C0207 PORT SAINT LUCIE, FL 34952			Mailing Address 1801 SE HILLMOOR DR SUITE C0207 PORT SAINT LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number <b>65-1055525</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, LOLA 9111 PEMBROKE ROAD PEMBROKE PINES, FL 33025			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMGOPAL, MOTI		NAME		
STREET ADDRESS	1801 HILLMOOR DRIVE SUITE A 104		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEHAUL RAMGOPAL, NIRMALA		NAME		
STREET ADDRESS	1801 SE HILLMOOR DR 4104		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.14.04 <small>Date</small>		772-398-3311 <small>Daytime Phone #</small>