

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049874

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** INTERDISCIPLINARY CONSULTING CORPORATION

**Current Principal Place of Business:**

5004 NW 60TH TERRACE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

5004 NW 60TH TERRACE  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 59-3721577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATTAFESTA, LOUIS N  
5004 NW 60TH TERRACE  
GAINESVILLE, FL 32653 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CATTAFESTA, LOUIS N  
Address: 5004 NW 60TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32653

Title: S ( ) Delete  
Name: NISHIDA, TOSHIKAZU  
Address: 2256 NW 5TH PL  
City-St-Zip: GAINESVILLE, FL 32603

Title: V (X) Delete  
Name: SHEPLAK, MARK  
Address: 8600 SW 102 AVE.  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SHEPLAK, MARK  
Address: 8600 SW 102 AVE.  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** LOUIS N. CATTAFESTA III

PRES

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date