2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005
Secretary of State

DOCUMENT# P01000084806

Entity Name: INFECTIOUS DISEASES ORLANDO, P.A.

Current Principal Place of Business:

2881 S DELANEY AVE
ORLANDO, FL 32806

New Principal Place of Business:

11311 WILLOW GARDEN DRIVE
WINDERMERE, FL 34761

Current Mailing Address:

PO BOX 054060
ORLANDO, FL 328560640

New Mailing Address:

11311 WILLOW GARDEN DRIVE
WINDERMERE, FL 34761

FEI Number: 59-3739742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, JUAN C M.D.
615 PRINCETON ST., STE. 401
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

TORRES, JUAN C M.D.
11311 WILLOW GARDEN DRIVE
WINDERMERE, FL 34761 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: 06/14/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORRES, JUAN C M. D.
Address: 615 PRINCETON ST. STE. 401
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TORRES, JUAN C M. D.
Address: 11311 WILLOW GARDEN DRIVE
City-St-Zip: WINDERMERE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN TORRES, M.D. P 06/14/2005
Electronic Signature of Signing Officer or Director — Date