2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007
Secretary of State

DOCUMENT# P01000084806

Entity Name: INFECTIOUS DISEASES ORLANDO, P.A.

Current Principal Place of Business:

11311 WILLOW GARDEN DRIVE
WINDERMERE, FL 34761

New Principal Place of Business:

1400 S ORLANDO AVENUE
210
WINTER PARK, FL 32789

Current Mailing Address:

11311 WILLOW GARDEN DRIVE
WINDERMERE, FL 34761

New Mailing Address:

1400 S ORLANDO AVENUE
210
WINTER PARK, FL 32789

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.
11311 WILLOW GARDEN DRIVE
WINDERMERE, FL 34761 US

Name and Address of New Registered Agent:

TORRES, JUAN C M.D.
1400 S ORLANDO AVENUE
210
WINTER PARK, FL 32789 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: JUAN TORRES MD 09/06/2007
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: 11311 WILLOW GARDEN DRIVE
City-St-Zip: WINDERMERE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TORRES, JUAN C M. D.
Address: 1400 S ORLANDO AVENUE, SUITE 210
City-St-Zip: WINTER PARK, FL 32789

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: JUAN TORRES MD P 09/06/2007
Electronic Signature of Signing Officer or Director Date