

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117181

FILED
Apr 29, 2009
Secretary of State

Entity Name: CONSULTANTS IN INFECTIOUS DISEASES, INC.

Current Principal Place of Business:

5670 54TH AVE NORTH
SUITE A-1
KENNETH CITY, FL 33709

New Principal Place of Business:

Current Mailing Address:

PO BOX 4370
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 01-0566334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARAI, ABEY
8660 CENTRE COURT
LARGO, FL 33777 US

Name and Address of New Registered Agent:

SARAI, ABEY
9019 BAYWOOD PARK DRIVE
SEMINOLE, FL 33777 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SARAI, ABEY
Address: 8660 CENTRE COURT
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SARAI, ABEY
Address: 9019 BAYWOOD PARK DRIVE
City-St-Zip: SEMINOLE, FL 33777

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: ABEY SARAI

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date