

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000117181

**FILED**  
**Apr 29, 2010**  
**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  
9019 BAYWOOD PARK DRIVE  
SEMINOLE, FL 33777 US

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

TITUS, THOMAS  
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: THOMAS TITUS

04/29/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SARAI, ABEY  
Address: 9019 BAYWOOD PARK DRIVE  
City-St-Zip: SEMINOLE, FL 33777

I hereby 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 all other like empowered.

SIGNATURE: ABEY SARAI

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date