2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# P02000012163

Entity Name: ORLANDO INFECTIOUS DISEASE CENTER, P.A.

Current Principal Place of Business:

1113 LUCERNE TERR
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1113 LUCERNE TERR
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 37-1417974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIRON, JOSE A M.D.
2065 VENETIAN WAY
WINTER PARK, FL 32789

Name and Address of New Registered Agent:

GIRON, JOSE A M.D.
9466 WICKHAM WAY
ORLANDO, FL 32836

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: JOSE A. GIRON, M.D. 03/25/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GIRON, JOSE A M.D.
Address: 2065 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSE A. GIRON, M.D. PRES 03/25/2004
Electronic Signature of Signing Officer or Director Date