2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P02000012163

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

Current Principal Place of Business:

4711 CURRY FORD ROAD
ORLANDO, FL 32812

New Principal Place of Business:

4711 CURRY FORD ROAD
C
ORLANDO, FL 32812

Current Mailing Address:

4711 CURRY FORD ROAD
ORLANDO, FL 32812

New Mailing Address:

4711 CURRY FORD ROAD
C
ORLANDO, FL 32812

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.
9466 WICKHAM WAY
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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: _____

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: 9466 WICKHAM WAY
City-St-Zip: ORLANDO, FL 32836

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 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: JOSE A. GIRON DR 01/16/2008

Electronic Signature of Signing Officer or Director Date