## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P04000135262



FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90014 019 \*\*\*150.00

| 1. Entity Name INFECTIOUS DISEASE SPECIALISTS OF CENTRAL FLORIDA, PA   |                                    |   |  |  |  |   | 03-31-2008 \$                          | 90014 01                 | 9 ***130  | .00  |
|--|------------------------------------|---|--|--|--|---|--|--------------------------|---|--|
| Principal Place of Business Mailing Address  |                                    |   |  |  | •  | •••                                     |  |                          |   |  |
| 2920 - 17TH STREET   |                                    |   |  | P.O. BOX 451717<br>KISSIMMEE, FL 34745   |  |   |  |                          |   |  |
| Principal Place of Business - No P.O. Box # 3. Mailing Act   |                                    |   |  | ling Address   |  |   |  |                          |   |  |
| Suite, Apt. #, etc.  |                                    |   | Suite, Apt. #, etc.  |  |  | 03142008                                | Chg-P                                  | CR2E03                   | 34 (12/06)  |  |
| City & State   |                                    |   | City & State   |  |  | 4. FEI Numbe<br>20-170                  |  |                          | _ <del>                                    </del> | plied For<br>Applicable                      |
| Zip Country  |                                    | Zip Country   |  | ntry   |  | of Status Desired                       | ر ت                                    | \$8.75 Add<br>ee Require |   |  |
| 6. Name and Address of Current Registered Agent  |                                    |   |  |  | Nome   | 7. Name and                             | Address of New R                       | egistered A              | gent  |  |
| CHAUDHARY, SAJID R   |                                    |   |  |  | Name   |   |  |                          |   |  |
| 6431 CHATHAM VIEW COURT<br>WINDERMERE, FL 34876  |                                    |   |  |  | Street Address   | (P.O. Box Number                        | er is Not Acceptable                   | e)                       | - 430-00-   |  |
|  |                                    |   |  |  | City   |   |  | FL                       | Zip Cod   | e ·  |
| The above named entity submits this statement for the purpose of changing its register.  |                                    |   |  |  | ad office or registe   | ared speet, or bei                      | h in the State of Ele                  |                          | amiliar with                                      | and accord                                   |
|  | tions of regist                    | •   | or the pulpose of chang  | ging its register  | ed office of registe   | ered agent, or oo                       | III, III (FIE STATE OF FIC             | лиа. тапт                | ammar wiin,                                       | and accept                                   |
| SIGNATURE  | 17                                 | •   |  |  |  |   |  |                          |   |  |
|  | Signature, typed                   | d or printed name of registered agen  | t and title if applicable.                                     | (NOTE: Registere   | ed Agent signature require   | ed when reinstating)                    |  | DATE                     |   |  |
|  | E NOW!!!                           | FEE IS \$150.00<br>8 Fee will be \$550.   | 9. Election (  | (NOTE: Registere<br>Campaign Final<br>od Contribution.   | ncing \$5  | 5.00 May Be ded to Fees                 | 4, 44, 44, 44, 44, 44, 44, 44, 44, 44, | DATE                     |   |  |
|  | E NOW!!!                           | FEÉ IS \$150.00   | 9. Election (  | Campaign Fina  | ncing \$5  | 5.00 May Be<br>ded to Fees              | CHANGES TO OFF                         |                          | DIRECTOR:   | S IN 11                                      |
| After Ma   | E NOW!!!<br>ay 1, 200              | FEÉ IS \$150.00<br>8 Fee will be \$550<br>OFFICERS AND  | 9. Election (  | Campaign Final of Contribution.  | ncing \$5  | 5.00 May Be<br>ded to Fees              | CHANGES TO OFF                         |                          | DIRECTORS   | S IN 11                                      |
| After Ma   | E NOW!!!<br>ay 1, 200              | FEÉ IS \$150.00<br>8 Fee will be \$550.<br>OFFICERS AND<br>HARY, SAJID R MD                     | 9. Election ( Trust Fun Directors                              | Campaign Final nd Contribution.  11. te IIIL   | E Ate  | 5.00 May Be<br>ded to Fees              | CHANGES TO OFF                         |                          |   |  |
| After M:  10.  TITLE  NAME  STREET ADDRESS   | P CHAUDH 6431 CHA                  | FEÉ IS \$150.00<br>8 Fee will be \$550.<br>OFFICERS AND<br>HARY, SAJID R MD<br>ATHAM VIEW COURT | 9. Election ( Trust Fun Directors                              | Campaign Final and Contribution.  11. te TITL NAM STR  | E EET ADDRESS  | 5.00 May Be<br>ded to Fees              | CHANGES TO OFF                         |                          |   |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P CHAUDH 6431 CHA                  | FEÉ IS \$150.00<br>8 Fee will be \$550<br>OFFICERS AND<br>HARY, SAJID R MD                      | 9. Election ( Trust Fun D DIRECTORS                            | Campaign Finand Contribution.  11. te TITL NAM STR   | E ADDRESS (-ST-ZIP   | 5.00 May Be<br>ded to Fees              | CHANGES TO OFF                         |                          | Change  | Addition                                     |
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indicated on this report or supplied with this simily does not quality for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the Information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #