

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135262

FILED
Jun 19, 2009
Secretary of State

Entity Name: INFECTIOUS DISEASE SPECIALISTS OF CENTRAL FLORIDA , PA

Current Principal Place of Business:

2920 - 17TH STREET
ST CLOUD, FL 34769

New Principal Place of Business:

429 WEST VINE ST
KISSIMMEE, FL 34741

Current Mailing Address:

P.O. BOX 451717
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 20-1704617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAUDHARY, SAJID R
6431 CHATHAM VIEW COURT
WINDERMERE, FL 34876 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAUDHARY, SAJID R MD
Address: 6431 CHATHAM VIEW COURT
City-St-Zip: WINDERMERE, FL 34876

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: SAJID CHAUDHARY

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06/19/2009

Electronic Signature of Signing Officer or Director

Date