2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P05000117336

Entity Name: INFECTIOUS DISEASES OF MID-FLORIDA, P.A.

Current Principal Place of Business:

53 NORTH OLD KINGS ROAD,
STE. E
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

104 LA COSTA LANE
STE. 120
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

53 NORTH OLD KINGS ROAD
STE. E
ORMOND BEACH, FL 32174 US

New Mailing Address:

P.O.BOX 730606
ORMOND BEACH, FL 32173 US

FEI Number: 20-3367837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EJIE, JOANN A ESQ.
53 NORTH OLD KINGS ROAD
STE. E
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

EJIE, JOANN A ESQ.
104 LA COSTA LANE
STE. 120
DAYTONA BEACH, FL 32114 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: JOANN A. EJIE 01/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: EJIE, UKONU MD
Address: 53 NORTH OLD KINGS ROAD, STE. E
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: EJIE, UKONU MD
Address: P.O.BOX 730606
City-St-Zip: ORMOND BEACH, FL 32173 US

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: JOANN EJIE AGEN 01/27/2009
Electronic Signature of Signing Officer or Director Date