

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009176

FILED
May 10, 2007
Secretary of State

Entity Name: SOUTH FLORIDA INFECTIOUS DISEASES, P.A.

Current Principal Place of Business:

12625 OAK ARBOR LANE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

16244 S MILITARY TRAIL
SUITE 750
DELRAY BEACH, FL 33484

Current Mailing Address:

12625 OAK ARBOR LANE
BOYNTON BEACH, FL 33436

New Mailing Address:

12625 OAK ARBOR DRIVE
BOYNTON BEACH, FL 33436

FEI Number: 20-4222047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 NE FOURTH AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

COHEN, CARLOS A
12625 OAK ARBOR DRIVE
BOYNTON BEACH, FL 33436 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: CARLOS A COHEN

05/10/2007

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: D () Delete
Name: COHEN, CARLOS A MD
Address: 12625 OAK ARBOR LANE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHEN, CARLOS A MD
Address: 16244 S MILITARY TRAIL SUITE 750
City-St-Zip: DELRAY BEACH, FL 33484

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: CARLOS A COHEN

D

05/10/2007

Electronic Signature of Signing Officer or Director

Date