


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000076982	
1. Entity Name INFECTIOUS DISEASES ASSOCIATES OF NORTHWEST FLORIDA, P.A.	

Principal Place of Business 5153 N 9TH AVE SUITE 305 PENSACOLA, FL 32504	Mailing Address 5153 N 9TH AVE SUITE 305 PENSACOLA, FL 32504
--	--

DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3209737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WADE, BARBARA H
5147 NORTH 9TH AVE.
SUITE 203
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000090559 03/17/04-80024-005 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WADE, BARBARA H MD 5153 N. 9TH AVE., SUITE 305 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Barbara H. Wade* **3/11/04** **850-476-3131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #