

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076982

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** INFECTIOUS DISEASES ASSOCIATES OF NORTHWEST FLORIDA, P.A.

**Current Principal Place of Business:**

5153 N 9TH AVE  
SUITE 305  
PENSACOLA, FL 32504

**New Principal Place of Business:**

5153 N 9TH AVE  
SUITE 305  
PENSACOLA, FL 32504 US

**Current Mailing Address:**

5153 N 9TH AVE  
SUITE 305  
PENSACOLA, FL 32504

**New Mailing Address:**

5153 N 9TH AVE  
SUITE 305  
PENSACOLA, FL 32504 US

**FEI Number:** 59-3209737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WADE, BARBARA H  
5153 NORTH 9TH AVE.  
SUITE 305  
PENSACOLA, FL 32504 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WADE, BARBARA H MD  
Address: 5153 N. 9TH AVE., SUITE 305  
City-St-Zip: PENSACOLA, FL 32504

I hereby 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 all other like empowered.

SIGNATURE: BARBARA H. WADE, MD

OWNE

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date