

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90052 024 \*\*\*150.00

**DOCUMENT # P94000061479**

1. Entity Name  
**FLORIDA INFECTION PHYSICIANS, P.A.**



Principal Place of Business  
720 SW 2ND AVE  
STE. 203  
GAINESVILLE, FL 32601-1210

Mailing Address  
720 SW 2ND AVE  
STE. 203  
GAINESVILLE, FL 32601-1210

2. Principal Place of Business - No P.O. Box #  
**7257 NW 4th Blvd.**

3. Mailing Address  
**7257 NW 4th Blvd.**

Suite, Apt. #, etc.  
**#43**

Suite, Apt. #, etc.  
**#43**

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

Zip  
**32607-1600**

Zip  
**32607-1600**

Country  
**USA**

Country  
**USA**

04232007 Chg-P CR2E034 (12/06)



4. FEI Number  
**59-3262280**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YANCEY, ROBERT W JR.**  
**720 SW 2ND AVE STE 203**  
**GAINESVILLE, FL 32601-1210**

7. Name and Address of New Registered Agent

Name  
**YANCEY, ROBERT W JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**7257 NW 4th Blvd.**

**#43**

City  
**Gainesville**

FL

Zip Code  
**32607**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**D**

NAME  
**YANCEY, ROBERT W JR.**

STREET ADDRESS  
**720 SW 2ND AVE, STE 203**

CITY-ST-ZIP  
**GAINESVILLE, FL 32601**

☐ Delete

TITLE  
**P**

NAME  
**CAMINO, FRANCISCO**

STREET ADDRESS  
**3143 SW 32 AVE., STE 200**

CITY-ST-ZIP  
**OCALA, FL 34474**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D**

NAME  
**YANCEY, ROBERT W JR.**

STREET ADDRESS  
**7257 NW 4th Blvd. #43**

CITY-ST-ZIP  
**Gainesville, FL 32607**

☒ Change ☐ Addition

TITLE  
**P**

NAME  
**CAMINO, FRANCISCO**

STREET ADDRESS  
**1731 S.W. 2nd Ave Ste B**

CITY-ST-ZIP  
**Ocala, FL 34474**

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

**RYANCEY JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/07 (352) 385-7175**

Date Daytime Phone #