2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

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Entity Name: FLORIDA INFECTIOUS DISEASE GROUP, P.A.

Current Principal Place of Business:

1012 LUCERNE TERRACE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1012 LUCERNE TERRACE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3269184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICITRA, CARMELO MD
3012 LUCERNE TERRACE
ORLANDO, FL 32801 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: P
Name: LICITRA, CAMELO M
Address: 1012 LUCERNE TERRACE
City-St-Zip: ORLANDO, FL 32806

Title: V
Name: RODRIGUEZ, MARIA DEL MAR
Address: 1012 LUCERNE TERRACE
City-St-Zip: ORLANDO, FL 32806

Title: S
Name: CRESPO, ANTONIO
Address: 1012 LUCERNE TERR
City-St-Zip: ORLANDO, FL 32806

Title: T
Name: ROJAS-DIAZ, ROBERTO
Address: 1012 LUCERNE TERRACE
City-St-Zip: ORLANDO, FL 32806

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: CARMELO M. LICITRA MD P 01/11/2010

Electronic Signature of Signing Officer or Director Date