

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90036 001 ***150.00

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1. Entity Name
THE INFECTIOUS DISEASE GROUP, P.A.



Principal Place of Business

1717 NORTH E STREET
SUITE 439
PENSACOLA, FL 32501

Mailing Address

1717 NORTH E STREET
SUITE 439
PENSACOLA, FL 32501

50005450



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3285626

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMENTS, J S JR
1717 NORTH E STREET
SUITE 439
PENSACOLA, FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CLEMENTS, J. SIDNEY JR.
STREET ADDRESS 1717 NORTH E ST., STE. 439
CITY-ST-ZIP PENSACOLA, FL

TITLE V ☐ Change ☒ Addition
NAME Daley, David A.
STREET ADDRESS 1717 North E St., Ste 439
CITY-ST-ZIP Pensacola, FL

TITLE SD ☐ Delete
NAME ERICKSON, JAY
STREET ADDRESS 1717 N E ST STE 439
CITY-ST-ZIP PENSACOLA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: J SIDNEY CLEMENTS JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/06 850 432 3692