

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093454

FILED  
Jan 12, 2007  
Secretary of State

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

## Current Principal Place of Business:

1717 NORTH E STREET  
SUITE 439  
PENSACOLA, FL 32501

## New Principal Place of Business:

1717 NORTH E STREET  
SUITE 439  
PENSACOLA, FL 32501 US

## Current Mailing Address:

1717 NORTH E STREET  
SUITE 439  
PENSACOLA, FL 32501

## New Mailing Address:

1717 NORTH E STREET  
SUITE 439  
PENSACOLA, FL 32501 US

FEI Number: 59-3285626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMENTS, J S JR  
1717 NORTH E STREET  
SUITE 439  
PENSACOLA, FL 32501 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 ( ) Delete  
Name: CLEMENTS, J. SIDNEY JR.  
Address: 1717 NORTH E ST., STE. 439  
City-St-Zip: PENSACOLA, FL

Title: SD ( ) Delete  
Name: ERICKSON, JAY  
Address: 1717 N E ST STE 439  
City-St-Zip: PENSACOLA, FL

Title: V ( ) Delete  
Name: DALEY, DAVID A  
Address: 1717 N E ST, STE 439  
City-St-Zip: PENSACOLA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CLEMENTS, J. SIDNEY JR.  
Address: 1717 NORTH E ST., STE. 439  
City-St-Zip: PENSACOLA, FL 32501 US

Title: SD (X) Change ( ) Addition  
Name: ERICKSON, JAY  
Address: 1717 N E ST STE 439  
City-St-Zip: PENSACOLA, FL 32501 US

Title: V (X) Change ( ) Addition  
Name: DALEY, DAVID A  
Address: 1717 N E ST, STE 439  
City-St-Zip: PENSACOLA, FL 32501 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: J SIDNEY CLEMENTS JR

PD

01/12/2007

Electronic Signature of Signing Officer or Director

Date