2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# P98000016882

Entity Name: INFECTIOUS DISEASE ASSOCIATES OF THE PALM BEACHES, INC.

Current Principal Place of Business:

840 US HIGHWAY #1
SUITE 120
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

840 US HIGHWAY #1
SUITE 120
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

P.O. BOX 33025
PALM BEACH GARDENS, FL 33420 US

FEI Number: 65-0856170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, LESLIE E
840 US HWY 1
SUITE 120
NORTH PALM BEACH, FL 33408 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: VSTD ( ) Delete
Name: DIAZ, LESLIE E
Address: 840 US HWY #1, SUITE 120
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LESLIE E. DIAZ PRES 03/23/2007

Electronic Signature of Signing Officer or Director Date