

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000016882

**FILED**  
**Jul 23, 2010**  
**Secretary of State**

**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:**

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

**New Mailing Address:**

840 US HIGHWAY #1  
SUITE 120  
NORTH PALM BEACH, FL 33408 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:** LESLIE DIAZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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:** LESLIE DIAZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

**PRES**

**07/23/2010**

\_\_\_\_\_  
Date