

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000016882

FILED
Mar 21, 2012
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:

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

Current Mailing Address:

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

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 E DIAZ

PRES

03/21/2012

Electronic Signature of Signing Officer or Director

Date