

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083767

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDA INFECTIOUS DISEASE CONSULTANTS, P.A.

Current Principal Place of Business:

720 W OAK STREET STE 308
KISSIMMEE, FL 34741

New Principal Place of Business:

501 OAK COMMOMS BLVD
STE A
KISSIMMEE, FL 34741

Current Mailing Address:

720 W OAK STREET STE 308
KISSIMMEE, FL 34741

New Mailing Address:

501 OAK COMMOMS BLVD
STE A
KISSIMMEE, FL 34741

FEI Number: 59-3599662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDDIQUI, SHOAB A
10407 EMERALD WOODS AVE.
ORLANDO, FL 328365971 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: PSTD () Delete
Name: SIDDIQUI, SHOAB A
Address: 10407 EMERALD WOODS AVE
City-St-Zip: ORLANDO, FL 328365971

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 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: SHOAB SIDDIQUI

M.D

04/29/2008

Electronic Signature of Signing Officer or Director

Date