## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S94315

FILED Mar 02, 2006 Secretary of State

Entity Name: INFECTIOUS DISEASE ASSOCIATES, P.A.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1050 NW					
SUITE 205					
BUCA RA	TON, FL 33486				
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
1050 NW					
SUITE 205 BOCA RA	) TON, FL 33486				
	: 65-0298964	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
rei Nullibei	. 03-0298904	rendinber Applied For ( )	rei Number Not Applicable ( )	Certificate of Status Desired (A)	
Name and	l Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
CARDENA 1050 NW SUITE 205					
	, TON, FL 33486	US			
The above		ubmits this statement for the	purpose of changing its register	red office or registered agent, or both,	
in the State	e of Florida.				
in the State SIGNATUI					
	RE:	c Signature of Registered Ag	ent	 Date	
SIGNATUI	RE:Electronic	c Signature of Registered Ag Trust Fund Contribution ( ).	ent	Date	
SIGNATUI	RE:Electronic	Trust Fund Contribution ( ).		Date  GES TO OFFICERS AND DIRECTORS	
SIGNATUI	RE: Electronic mpaign Financing	Trust Fund Contribution ( ).			
SIGNATUI	RE:  Electronic  mpaign Financing  S AND DIRECT  P () C  CARDENAS, JUL	Trust Fund Contribution ( ).  ORS: Delete	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS	
SIGNATUI  Election Car  OFFICER:  Title:  Name:  Address:	Electronic  mpaign Financing  S AND DIRECT  P () C  CARDENAS, JUL  1050 NW 15 ST	Trust Fund Contribution ( ).  ORS: Delete IO V #205	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
SIGNATUI  Election Car  OFFICER:  Title:  Name:  Address:	RE:  Electronic  mpaign Financing  S AND DIRECT  P () C  CARDENAS, JUL	Trust Fund Contribution ( ).  ORS: Delete IO V #205	ADDITIONS/CHANG Title: Name:	GES TO OFFICERS AND DIRECTORS	
SIGNATUI  Election Car  OFFICER:  Title:  Name:  Address: City-St-Zip:	Electronic  mpaign Financing  S AND DIRECT  P () C  CARDENAS, JUL  1050 NW 15 ST #  BOCA RATON, FI	Trust Fund Contribution ( ).  ORS: Delete IO V #205	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
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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: JULIO V. CARDENAS P 03/02/2006