

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94315

FILED  
Jun 03, 2008  
Secretary of State

Entity Name: INFECTIOUS DISEASE ASSOCIATES, P.A.

**Current Principal Place of Business:**

1050 NW 15 ST  
SUITE 205  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1050 NW 15 ST  
SUITE 205  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 65-0298964      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARDENAS, JULIO V.  
1050 NW 15 ST  
SUITE 205  
BOCA RATON, FL 33486 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARDENAS, JULIO V DR  
Address: 1050 NW 15 ST #205  
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Delete  
Name: SAXE, SUSAN E DR  
Address: 1050 N.W. 15TH ST. #205  
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Delete  
Name: MBAGA, INES I DR  
Address: 1050 N.W. 15TH ST. #205  
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VP ( ) Change (X) Addition  
Name: WIESE, KURT L DR  
Address: 1050 N.W. 15TH STREET #205  
City-St-Zip: BOCA RATON, FL 33486

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: JULIO V. CARDENAS, M.D.

P

06/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date