

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94315

FILED
Feb 01, 2010
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 M.D.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP
Name: CEBULAR, SANDA I DR
Address: 1050 N.W. 15TH STREET #205
City-St-Zip: BOCA RATON, FL 33486

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: JULIO V CARDENAS, MD

P

02/01/2010

Electronic Signature of Signing Officer or Director

_____ Date