

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Arikian, Steven R., M.D.

Business or Residence Address (Number and Street, City, State, Zip code)

377 Plantation Street, Worcester, MA 01605

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

O'Donnell Jr., Francis E., M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

377 Plantation Street, Worcester, MA 01605

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

McNulty, James A., CPA

Business or Residence Address (Number and Street, City, State, Zip Code)

377 Plantation Street, Worcester, MA 01605

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Weiss, Robert D.

Business or Residence Address (Number and Street, City, State, Zip Code)

377 Plantation Street, Worcester, MA 01605

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mannino, Raphael J., Ph.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

377 Plantation Street, Worcester, MA 01605

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Scott, Jeffrey A., M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

377 Plantation Street, Worcester, MA 01605

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Chapman, Christopher C., M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

377 Plantation Street, Worcester, MA 01605

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Pappas, Peter J., Sr. *

Business or Residence Address (Number and Street, City, State, Zip Code)

135 W. 18th Street, Second Floor, New York, NY 10011

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Sitilides, John

Business or Residence Address (Number and Street, City, State, Zip Code)

377 Plantation Street, Worcester, MA 01605

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Accentia Biopharmaceuticals, Inc. **

Business or Residence Address (Number and Street, City, State, Zip Code)

324 South Hyde Park Ave., Suite 350, Tampa, Florida 33606

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Biovest International, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

377 Plantation Street, Worcester, MA 01605

* Peter J. Pappas, Sr. is a 10% shareholder of Biovest International, Inc., which is the 100% shareholder of AutovaxID, Inc.

** Accentia Biopharmaceuticals, Inc. is a 10% shareholder of Biovest International, Inc., which is the 100% shareholder of AutovaxID, Inc.

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No
 Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? \$7,700,000
 Yes No
3. Does the offering permit joint ownership of a single unit? Yes No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
 (Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
 (Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
 (Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt: Secured Promissory Note (non-convertible)*.....	\$7,700,000*	\$7,700,000 *
Equity:	\$ 0	\$ 0
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants):	\$ 0	\$ 0
Partnership Interests	\$ 0	\$ 0
Other (Specify):	\$ 0	\$ 0
Total	\$7,700,000 *	\$7,700,000 *

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$7,700,000.00 *
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	N/A	\$ N/A

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

N/A

Type of offering	Type of Security	Dollar Amount Sold
Rule 505.....	N/A	\$ N/A
Regulation A.....	N/A	\$ N/A
Rule 504.....	N/A	\$ N/A
Total	N/A	\$ N/A

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input checked="" type="checkbox"/>	\$ 0
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	\$ 0
Legal Fees.....	<input checked="" type="checkbox"/>	\$100,000
Accounting Fees	<input checked="" type="checkbox"/>	\$ 0
Engineering Fees	<input checked="" type="checkbox"/>	\$ 0

* Accredited investor purchased the Subordinated Promissory Note in the amount of \$7,700,000 pursuant to a QLICI Loan Agreement in a transaction the closed on December 8, 2006. It is the Issuer's position that the Subordinated Promissory Note referenced above is not a security under Section 2(a)(1) of the Securities Act of 1933, as amended and applicable New York law but we have included the note in this filing from the transaction.

Sale Commissions (specify finders' fee separately)..... \$ 0

Other Expenses (identify) Filing Fees and other expenses related to offering..... \$ 1,000

Total..... \$101,000

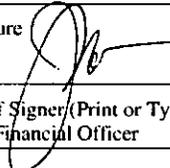
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$7,599,000.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Purchase of real estate.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Purchase, rental or leasing and installation of machinery and equipment.....	<input checked="" type="checkbox"/> \$900,000	<input checked="" type="checkbox"/> \$0
Construction or leasing of plant buildings and facilities.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$700,000
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Repayment of indebtedness.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Working capital.....	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$399,000
Other (specify): <u>Purchase of license</u>	<input checked="" type="checkbox"/> \$5,600,000	<input checked="" type="checkbox"/> \$0
Other (specify): _____	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Other (specify): _____	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Column Totals	<input checked="" type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$0
Total Payments Listed (column totals added)		<input checked="" type="checkbox"/> \$7,599,000.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to be any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) AutovaxID, Inc.	Signature 	Date: December 19, 2006
Name of Signer (Print or Type) James A. McNulty, CPA	Title of Signer (Print or Type) Chief Financial Officer	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO		X	Subordinated Promissory Note of \$7,700,000	1	\$7,700,000	0	0		X

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

E. STATE SIGNATURE

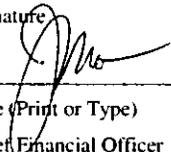
1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) AutovaxID, Inc.	Signature 	Date: December 19, 2006
Name (Print or Type) James A. McNulty, CPA	Title (Print or Type) Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy of bear typed or printed signatures.

FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, AutovaxID, Inc., a corporation, organized under the laws of Florida, for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

James A. McNulty, CPA

(Name)

377 Plantation Street, Worcester, MA 01605

(Address)

Place an "X" before the name of all the States for which the person executing this form is appointing the designated Officer or that State as its attorney in that State for receipt of service of process:

<input type="checkbox"/> ALABAMA	Secretary of State	<input type="checkbox"/> DELAWARE	Securities Commissioner
<input type="checkbox"/> ALASKA	Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development	<input type="checkbox"/> DISTRICT OF COLUMBIA	Public Service Commission
<input type="checkbox"/> ARIZONA	The Corporation Commission	<input type="checkbox"/> FLORIDA	Department of Banking and Finance
<input type="checkbox"/> ARKANSAS	The Securities Commissioner	<input type="checkbox"/> GEORGIA	Commissioner of Securities
<input type="checkbox"/> CALIFORNIA	Commissioner of Corporations	<input type="checkbox"/> GUAM	Administrator Department of Finance
<input type="checkbox"/> COLORADO	Securities Commissioner	<input type="checkbox"/> HAWAII	Commissioner of Securities
<input type="checkbox"/> CONNECTICUT	Banking Commissioner	<input type="checkbox"/> IDAHO	Director, Department of Finance
<input type="checkbox"/> IOWA	Commissioner of Insurance	<input type="checkbox"/> ILLINOIS	Secretary of State
<input type="checkbox"/> KANSAS	Secretary of State	<input type="checkbox"/> INDIANA	Secretary of State
<input type="checkbox"/> KENTUCKY	Director, Division of Securities	<input type="checkbox"/> NORTH DAKOTA	Securities Commissioner
<input type="checkbox"/> LOUISIANA	Commissioner of Securities	<input type="checkbox"/> OHIO	Secretary of State
<input type="checkbox"/> MAINE	Administrator, Securities	<input type="checkbox"/> OREGON	Director, Department of

<input type="checkbox"/> MARYLAND	Division Commissioner of the Division of Securities	<input type="checkbox"/> OKLAHOMA	Insurance and Finance Securities Administrator
<input type="checkbox"/> MASSACHUSETTS	Secretary of State	***PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process
<input type="checkbox"/> MICHIGAN	Administrator, Corporation and Securities Bureau, Department of Commerce	<input type="checkbox"/> PUERTO RICO	Commissioner of Financial Institutions
<input type="checkbox"/> MINNESOTA	Commissioner of Commerce	<input type="checkbox"/> RHODE ISLAND	Director of Business
<input type="checkbox"/> MISSISSIPPI	Secretary of State	<input type="checkbox"/> SOUTH CAROLINA	Secretary of State
<input checked="" type="checkbox"/> MISSOURI	Securities Commissioner	<input type="checkbox"/> SOUTH DAKOTA	Director of the Division of Securities
<input type="checkbox"/> MONTANA	State Auditor and Commissioner of Insurance	<input type="checkbox"/> TENNESSEE	Commissioner of Commerce and Insurance
<input type="checkbox"/> NEBRASKA	Director of Banking and Finance	<input type="checkbox"/> TEXAS	Securities Commissioner
<input type="checkbox"/> NEVADA	Secretary of State	<input type="checkbox"/> UTAH	Director, Division of Securities
<input type="checkbox"/> NEW HAMPSHIRE	Secretary of State	<input type="checkbox"/> VERMONT	Secretary of State
<input type="checkbox"/> NEW JERSEY	Chief, Securities Bureau	<input type="checkbox"/> VIRGINIA	Clerk, State Corporation Commission
<input type="checkbox"/> NEW MEXICO	Director, Securities Division	<input type="checkbox"/> WASHINGTON	Director of the Department of Licensing
<input type="checkbox"/> NEW YORK	Secretary of State	<input type="checkbox"/> WEST VIRGINIA	Commissioner of Securities
<input type="checkbox"/> NORTH CAROLINA	Secretary of State	<input type="checkbox"/> WISCONSIN	Commissioner of Securities
		<input type="checkbox"/> WYOMING	Secretary of State

Dated this: 19th day of December, 2006

AutovaxID, Inc.

By:



(SEAL)

Name: James A. McNulty, CPA

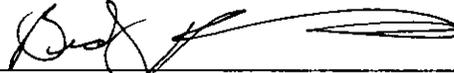
Title: Chief Financial Officer

CORPORATE ACKNOWLEDGMENT

State of Florida }
County of Hillsborough } SS.

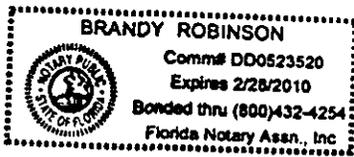
On this 19th day of December, 2006, before me personally appeared James A. McNulty known personally to me to be the Chief Financial Officer of the above named corporation and he acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by herself as an officer.

IN WITNESS WHEREOF I HAVE HEREUNTO SET MY HAND.



Notary Public/Commissioner of Oaths

My Commission Expires 2/28/2010



END