

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **493131 (7)**
1. Corporation Name
INFECTIOUS DISEASE CONSULTANTS, M.D., P.A.



Principal Place of Business: **685 PALM SPGS DR #2A, PALM SPRINGS MEDICAL CENTER, ALTAMONTE SPRINGS FL 32701**
Mailing Address: **685 PALM SPGS DR #2A, PALM SPRINGS MEDICAL CENTER, ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/01/1976**
3a. Date of Last Report: **06/05/1995**
4. FEI Number: **59-1634257**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **RUIZ, CARLOS J., 685 PALM SPGS DR #2A, ALTAMONTE SPRINGS FL 32701**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature to be printed on this statement)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	VICE - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, CARLOS J	1.2 NAME	
STREET ADDRESS	685 PALM SPGS DR #2A	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRGS, FL00000	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIZOSA, JAIME	2.2 NAME	
STREET ADDRESS	685 PALM SPGS DR #2A	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRGS, FL00000	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PHILLIP SANCHEZ, MD
STREET ADDRESS		3.3 STREET ADDRESS	685 PALM SPRINGS DR, Suite 2A
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	EDWIN DE JESUS, M.D.
STREET ADDRESS		4.3 STREET ADDRESS	685 PALM SPRINGS DR, Suite 2A
CITY - ST - ZIP		4.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FLA 32701
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date: **3/28/96** 407-830-9927

CR2E034 (12/95)