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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

493131

(7)

INFECTIOUS DISEASE CONSULTANTS, M.D., P.A.

FILED
Apr 29 1998 8:00am
Secretary of State



		44 12 - 4 - 4			<u> </u>				
Principal Place		Mailing Address							
685 PALM SP	685 PALM SPGS DR #2 PALM SPRINGS MEDICA								
PALM SPRINGS MEDICAL CENTER ALTAMONTE SPRINGS FL 32701			ALTAMONTE SPRINGS FL 32701			DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualified 01/01/1976</li> </ol>	j.			
Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		A	oplied For	
		26			59-1634257		N <sub>t</sub>	ot Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired			Additional	
		27			6. Certificate of Status Desired		Fee R	equired	
City & State		City & State	}-¬ '		Election Campaign Financing \$5.00 May				
		28	Country		Trust Fund Contribution	<u> </u>		to Fees	
Žip 1	Country	Zip	Country		This corporation owes or has     Personal Property Tax due Ju	· .		tangible ] No	
	25 9. Name and Address of Cur	rent Registered Agent	30		10. Name and Address of New I				
DIL	IZ, CARLOS J.	TOTAL TIOSISTICAL PISOTA	81	Name		•			
	5 PALM SPGS DR #2A			- A 1 1	CO CO Con November In November 1	la la la la l			
	ramonte springs fl 3270°	1	82	Street Add	ress (P.O. Box Number is Not Accept	ia0ie)			
AL.	INDUSTRIC OF BUILDING TO 3210	•	83						
			<u> </u>	0:4:			OF   7:	Code	
			84	City	<b>%</b> .	FL	.     `	Code	
1. Pursuant	to the provisions of Sactions 607.	0502 and 607.1508, Florida Statu	utes, the above	e-named cor	poration submits this statement for the tion's board of directors. I hereby acc	e purpose o	f changing i	ts registere	
office or re	egistered agent, or both, in the St	tate of Florida. Such change was oligations of Section 607 0505. F	authorized by	the corpora	ition's board of directors. I hereby acc	cept the app	pointment as	registered	
	itt tarriidi wiri, arki docepi ine oi	ongenoria or, econori cor coco, r	ionaa otaloiot	,					
SIGNATURE									
	Signature: typed or printed name of registered	d agent and title if applicable (NC	TE: Registered Age	rd signature requ	ired when reinstating)	DATE			
	OFFICERS	AND DIRECTORS	TE: Registered Age	rd signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF				
2.	OFFICERS <b>VP</b>			rd signature requ			D DIRECTOI		
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