

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90192 022 \*\*\*150.00

**DOCUMENT # 493131**

1. Entity Name  
**INFECTIOUS DISEASE CONSULTANTS, M.D., P.A.**

Principal Place of Business 685 PALM SPGS DR #2A SPRINGS MEDICAL CENTER ALTAMONTE SPRINGS FL 32701	Mailing Address 685 PALM SPGS DR #2A PALM SPRINGS MEDICAL CENTER ALTAMONTE SPRINGS FL 32701-7853
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1634257</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>RUIZ, CARLOS J.</b> <b>685 PALM SPGS DR #2A</b> <b>ALTAMONTE SPRINGS FL 32701</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, CARLOS J 685 PALM SPGS DR #2A ALTAMONTE SPRGS, FL00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, Timothy 685 Palm Springs Dr. #2A ALTAMONTE Springs, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRIZOSA, JAIME 685 PALM SPGS DR #2A ALTAMONTE SPRGS, FL00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, PHILLIP M 685 PALM SPRINGS DR, STE 2A ALTAMONTE SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE JESUS, EDWIN M 685 PALM SPRINGS DR, STE 2A ALTAMONTE SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME CARRIZOSA MD 2/15/2000 407-830-5577  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)