## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 493131**

City & State

RUIZ, CARLOS J.

685 PALM SPGS DR #2A **ALTAMONTE SPRINGS FL 32701** 

Zip

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

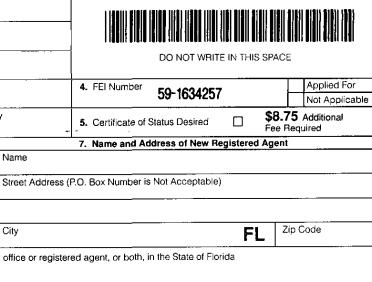
Principal Place of Business Mailing Address 685 PALM SPGS DR #2A III PALM SPGS DR #2A SPRINGS MEDICAL CENTER PALM SPRINGS MEDICAL CENTER AI TAMONTE SPRINGS EL 32701 ÁLTAMONTE SPRINGS FL 32701-7853 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

City & State

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

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



		City				FL Zip Code		
	named entity submits this statement for the	purpose of changing its re	gistered office or	registered ago	ent, or both, in the State of Flo	orida	•	
SIGNATURE .	Signature, typed or printed name of registered agent and tit	te if applicable (NOTE: F	registered Agent signatu	re required when re	instating)	DATE	•	
9. This corporation is eligible to satisfy its Intangible  Tax filling requirement and elects to do so.  (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees				
11.	OFFICERS AND DIR	ECTORS	12.	AD	DITIONS/CHANGES TO OFF	FICERS AND I	DIRECTORS	IN 11
TITLE Name Street address City-St-Zip	VP RUIZ, CARLOS J 685 PALM SPGS DR #2A ALTAMONTE SPRGS, FL00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 60000 685 F ALTAI	ef, Timoth Palm Springs Monte Spring	YDR.	□ Change # みA 3みつ	Addition
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Country

Name

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 true of homowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: