2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
07-02-2001 90003 017 ***150.00
09-12-2001 90105 017 ***400.00

DOCUMENT # 493131

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

U00033485

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1634257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUIZ, CARLOS J. 685 PALM SPGS DR #2A ALTAMONTE SPRINGS FL 32701	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARRIZOSA, JAIME 685 PALM SPGS DR #2A ALTAMONTE SPRGS, FL00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANCHEZ, PHILLIP M 685 PALM SPRINGS DR, STE 2A ALTAMONTE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE JESUS, EDWIN M 685 PALM SPRINGS DR, STE 2A ALTAMONTE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, TIMOTHY 685 PALM SPRINGS DR #2A ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 SIGNATURE REQUIRED PRESIDENT 9/10/01 407-830-9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)