## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT #493131** 

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



**FILED** 

Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90039 003 \*\*\*150.00

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Suite. Apt. II. etc.    Suite. Apt. II. etc.   City & State   Applicable   Applicable   Sp. 1634257   Applicable   Post   Applicable   Sp. 1634257   Post   P	685 PALM SPGS DR #2A PALM SPRINGS MEDICAL CENTER			685 PALM S Palm Sprin	685 PALM SPGS DR #2A Palm Springs Medical Center							
Cry & State  City & State  Country  Special City & State  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered adject, or both in the State of Forida. Tam formitian with, and accept the obligations of registered agent, or both in the State of Forida. Tam formitian with, and accept the obligations of registered agent.  SIGNATURE  Signature  Signature  Signature  Orificers AND Diffections  10. OFFICERS AND DIFFECTIORS  11. ADDITIONS/O-NANCES TO OFFICERS AND DIFFECTIORS IN 11.  TITLE  NAME  RUIZ, CARLOS J. SAME  SIGNATURES  ORIFICATIONS  SOS PALM SPORS DR 2A  SIGNATURES  ORIFICATIONS  SOS PALM SPORS DR 2A  SIGNATURES  ORIFICATIONS  SOS PALM SPORS DR 2A  SIGNATURES  ORIFICATIONS  SOS PALM SPRINGS DR, EZA  ORIFICATIONS  SOS PALM SPRING	2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Add	oress	<del>.</del>	·					
September   Sept	Suite, Apt.	#, etc.		Suite, Apt. i	¥, etc.			02142007	Chg-P	CR2E0	34 (12/06)	
Signature from the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or registered agent. or re	City & State	е		City & State	•	-		1			- <del></del>	<del></del>
RUIZ CARLOS J 685 PALM SPGS DR SUITE #2A ALTAMONTE SPRINGS, FL 32701  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. Tam familiar with, and a	Zip		Country	Zip		Country					\$8.75 Add	ditional
RUIZ CARLOS J 685 PALM SPGS DR SUITE #2A ALTAMONTE SPRINGS, FL 32701  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and accept the chilgipalions of registered agent.  SIGNATURE  SUBMATURE  SUB		6. Name	and Address of Current F	leaistered Ager	nt			7 Name and	Address of New I		<del></del>	
### Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)				og.o.o.o.o.	<u>.</u>	Name	<del></del>	r. Isamo and	Address of Herr	Zadiateian i	- York	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, Instead or printed name of registered agent and the facobable	685 PALM	SPGS DF						P.O. Box Numb	er is Not Acceptabl	le)		
THE HOUSE STREET ADDRESS OF PALM SPRINGS DR, STE 2A ALTAMONTE SPRINGS, FL 32701  TILE  OCCUPER, TIMOTHY W  STREET ADDRESS  OTTY-ST-2P  ALTAMONTE SPRINGS, FL 32701  TILE  STREET ADDRESS  GBS PALM SPRINGS DR, STE 2A ALTAMONTE SPRINGS, FL 32701  TILE  OCCUPER, STREET ADDRESS  GITY-ST-2P  ALTAMONTE SPRINGS, FL 32701  TILE  OCCUPER, TIMOTHY W  STREET ADDRESS  GBS PALM SPRINGS DR, STE 2A  ALTAMONTE SPRINGS, FL 32701  TILE  OCCUPER, STREET ADDRESS  GITY-ST-2P  ALTAMONTE SPRINGS, FL 32701  TILE  OCCUPER, TIMOTHY W  GBS PALM SPRINGS DR, STE 2A  ALTAMONTE SPRINGS, FL 32701  TILE  OCCUPER, STREET ADDRESS  GBS PALM SPRINGS DR, STE 2A  ALTAMONTE SPRINGS, FL 32701  TILE  OCCUPER, STREET ADDRESS  GREET ADDRESS  GBS PALM SPRINGS DR, STE 2A  ALTAMONTE SPRINGS, FL 32701  TILE  OCCUPER, STREET ADDRESS  GREET						City				FL	Zip Cod	e
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  VP RUIZ, CARLOS J STREET ADDRESS 685 PALM SPGS DR #2A CITY-SI-ZIP ALTAMONTE SPRINGS, FL 32701  TITLE  CARRIZOSA, JAIME STREET ADDRESS CITY-SI-ZIP ALTAMONTE SPRINGS, FL 32701  TITLE  TITLE  COPPER, CHRISTOPINER  CHRISTOPINER	the obligat	lions of regist	ered agent.					_	th, in the State of Fl		familiar with,	and accept
TITLE	FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.0	l l		• .						
TITLE	10.		OFFICERS AND D	DIRECTORS		11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE P CARRIZOSA, JAIME ORS C	NAME STREET ADDRESS	RUIZ, CAI 685 PALM	SPGS DR #2A		Delete	name Street addres	s 685	per CHE 5 Palm S	eistopher Springs De	2 D.	0 2A	Addition
TITLE P CARRIZOSA, JAIME ORS C	Citi-3i-zii		TE SPRINGS, PL 3270	<u>, , , , , , , , , , , , , , , , , , , </u>		CITT-51-21P	HUTE	FALLOOM!	SHRINGS	<u> </u>	<u> 3270</u>	<u></u>
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D ALTAMONTE SPRINGS, FL 32701  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE D SNIFFEN, JASON C DO 685 PALM SPRINGS DR., #2A STREET ADDRESS	NAME STREET ADDRESS	CARRIZO 685 PALM	SPGS DR #2A		Delete	NAME STREET ADDRES	s				☐ Change	☐ Addition
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	NAME STREET ADDRESS	SNIFFEN 685 PALM	SPRINGS DR., #2A		Delete	NAME STREET ADDRES	s				☐ Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	S	IGI	N	AΤ	u	R	E	•
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SIGNATURE A

JAIME SIGNING OFFICER OR DIRECTOR

President

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