

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0131395

**DOCUMENT # S46387**

1. Entity Name

**INFECTIOUS DISEASE CONSULTANTS, P.A.**

05-02-2001 90120 028 \*\*\*150.00

Principal Place of Business

Mailing Address

**9750 N. W. 33RD STREET  
 STE 107  
 CORAL SPRINGS FL 33065**

**9750 N. W. 33RD STREET  
 STE 107  
 CORAL SPRINGS FL 33065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0262189**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KOHAN, MELVIN M.D.  
 9750 NW 33 ST. SUITE 213  
 CORAL SPRINGS FL 33065**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00  
 After MAY 1, 2001 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 DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHAN, MEL, M.D.</b>	NAME	
STREET ADDRESS	<b>9750 NW 33 STREET #213</b>	STREET ADDRESS	<b>9750 NW 33 St. #107</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>JAROSLAV ONDRUSEK MD</b>
STREET ADDRESS		STREET ADDRESS	<b>9750 NW 33 St. #107</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>CESAR RANDICH, MD.</b>
STREET ADDRESS		STREET ADDRESS	<b>9750 NW 33 St. #107</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MELVIN KOHAN, M.D.**  
 PRESIDENT

Date

**4/27/01**

Daytime Phone #

**954-345-0404**

CR2E034 (10/00)