

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493131

FILED
Apr 24, 2013
Secretary of State
CC6485672872

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

Current Principal Place of Business:

685 PALM SPGS DR #2A
PALM SPRINGS MEDICAL CENTER
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

685 PALM SPGS DR #2A
PALM SPRINGS MEDICAL CENTER
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-1634257

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SNIFFEN, JASON DR.
685 PALM SPGS DR SUITE #2A
ALTAMONTE SPRINGS, FL 32701 US

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: JASON SNIFFEN

04/24/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DO
Name SNIFFEN, JASON
Address 685 PALM SPGS DR #2A
PALM SPRINGS MEDICAL CENTER
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VD
Name COOPER, TIMOTHY WM.D.
Address 685 PALM SPGS DR #2A
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title SD
Name DEJESUS, EDWIN M.D.
Address 685 PALM SPRINGS DR, STE 2A
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title TD
Name DIAZ, JUAN DD.O.
Address 685 PALM SPRINGS DR, STE 2A
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title ASD
Name ALVARADO, FERNANDO SM.D.
Address 685 PALM SPRINGS DR #2A
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title ATD
Name COOPER, CHRISTOPHER DM.D.
Address 685 PALM SPRINGS DR., #2A
City-State-Zip: ALTAMONTE SPRINGS FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON SNIFFEN

DO

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date