

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493131

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: No

Name and Address of Current Registered Agent:

SCHICK, DAVID L
200 SOUTH ORANGE AVENUE SUITE 2300
ORLANDO, FL 32801 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

02/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title ASST. SECRETARY
Name ALVARADO, FERNANDO S DR.
Address 685 PALM SPRINGS DR #2A
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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

Title VP
Name MALDONADO, ANIBAL J DR.
Address 685 PALM SPRINGS DR. SUITE 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

PRESIDENT

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date