

**2023 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:** Yes

**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

01/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            SECRETARY  
Name            MALDONADO, ANIBAL 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            OFFICER  
Name            KATTA, JOSEPH T DR.  
Address        685 PALM SPRINGS DR #2A  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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

Title            OFFICER  
Name            SNIFFEN, JASON C DR.  
Address        685 PALM SPRINGS DR. SUITE 2A  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            OFFICER  
Name            MARINEZ, JAVIER DR.  
Address        685 PALM SPGS DR #2A  
                  PALM SPRINGS MEDICAL CENTER  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            OFFICER  
Name            VELAZQUEZ, ALEXANDER DR.  
Address        685 PALM SPGS DR #2A  
                  PALM SPRINGS MEDICAL CENTER  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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*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:** FERNANDO ALVARADO, MD

PRESIDENT

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name JUNCO NOA, LUIS DR.  
Address 685 PALM SPGS DR #2A  
PALM SPRINGS MEDICAL CENTER  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title OFFICER  
Name KYRILLOS, RAMONA DR.  
Address 685 PALM SPGS DR #2A  
PALM SPRINGS MEDICAL CENTER  
SUITE 2A  
City-State-Zip: ALTAMONTE SPRINGS FL 32701