

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46387

**FILED
Feb 03, 2014
Secretary of State
CC7728117804**

Entity Name: INFECTIOUS DISEASE CONSULTANTS, P.A.

Current Principal Place of Business:

2901 CORAL HILLS DRIVE
STE 220
CORAL SPRINGS, FL 33065

Current Mailing Address:

2901 CORAL HILLS DRIVE
STE 220
CORAL SPRINGS, FL 33065

FEI Number: 65-0262189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOHAN, MELVIN M.D.
2901 CORAL HILLS DRIVE
220
CORAL SPRINGS, FL 33065 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR
Name KOHAN, MEL, M.D
Address 2901 CORAL HILLS DRIVE #220
City-State-Zip: CORAL SPRINGS FL 33065

Title DR
Name GOPAL, INDULEKHA MD
Address 2901 CORAL HILLS DRIVE #220
City-State-Zip: CORAL SPRINGS FL 33065

Title DR
Name RANDICH, CESAR MD
Address 2901 CORAL HILLS DRIVE #220
City-State-Zip: CORAL SPRINGS FL 33065

Title DR
Name KOMAIHA, HAMED MD
Address 2901 CORAL HILLS DRIVE #220
City-State-Zip: CORAL SPRINGS FL 33065

Title DR
Name VILLALBA, JOSE MD
Address 2901 CORAL HILLS DRIVE # 220
City-State-Zip: CORAL SPRINGS FL 33065

Title DR
Name ONDRUSEK, JAROSLAV MD
Address 2901 CORAL HILLS DRIVE
STE 220
City-State-Zip: CORAL SPRINGS FL 33065

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: MELVIN S KOHAN, MD

PRESIDENT

02/03/2014

Electronic Signature of Signing Officer/Director Detail

Date