

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S46387

**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

*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 KOHAN MD

**OFFICER**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date