

493131

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
Account Number : 076077002775
Phone : (407)760-4670
Fax Number : (321)379-7978

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SLUNSFORD@IDCORLANDO.COM

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**REGISTERED AGENT CHANGE
INFECTIOUS DISEASE CONSULTANTS, M.D., P.A.**

| | |
|-----------------------|---------|
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: INFECTIOUS DISEASE CONSULTANTS, M.D., P.A.
- The principal office address: 685 PALM SPRINGS DR., #2A, PALM SPRINGS MEDICAL CENTER
ALTAMONTE SPRINGS, FL 32701
- The mailing address (if different): _____
- Date of incorporation/qualification: 01/01/1976 Document number: 493131
- The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DAVID L. SCHICK200 SOUTH ORANGE AVENUE SUITE 2300ORLANDO FL 32801

- The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WHWW, INC.329 PARK AVENUE NORTH, SECOND FLOORP.O. Box NOT acceptableWINTER PARK, FL 32789

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DocuSigned by
Shannon Jusford AUTHORIZED REPRESENTATIVE
Signature of agent or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

DocuSigned by
Deborah Fricke 09/29/2023
Signature of Registered Agent Date

If signing on behalf of an entity:

DEBORAH FRICKE, AS VICE PRESIDENT

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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