## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATUSE DESCRIPTION OF DIRECTOR DIRECTOR

## P02000012163 **DOCUMENT #**

1. Entity Name

SIGNATURE:

ORLANDO INFECTIOUS DISEASE CENTER, P.A.



**FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90097 046 \*\*\*150.00

-999- 404

5225 Daytime Phone #

OLLANDS   FUND   County   Zip   County   Santa Desired   \$8.75 Addition   Fee Regulated   \$8.75 Addition   \$8.75 Additio				COO WE 18	i		
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Suite, Apt. #, etc.  City & State  OLLANDO FL OLUMBER   Applie   Appl			3. Mailing Address				
Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.  City & State  CLY & State  Country  In State  Country  Name  Address of Now Registered Agent  Name  City FL Zip Code  In an acrown named entity submits this statemy for the purspace changing its fergifured office or registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both, in the State of Florida. I am familiar with, and the originators of registered agent, or both with an across the originators of registered age			<u>ct 1113 Luc</u>	ERNE TERRA	cc /		
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S. Certificate of Status Desired					31-141-19		Not Applicable
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly 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 in Block 10 or Block changed, or on an attachment with an address, with all other like expowered.							