2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011796

1. Entity Name
INFECTIOUS DISEASES ASSOCIATES OF FORT LAUDERDALE, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -7 AM 11:14

7/10/03 90114 005 61.25

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
4750 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33308 US	4750 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33308 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0374322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBERTINE, MICHAEL O 2200 COMMERCIAL BLVD STE 301 FT LAUDERDALE, FL 33309	Name: Valdes-Pauli Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Boulevard Suite 3400 City: Miami FL Zip Code: 33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: By: James B. Davis, VP DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD RENAE, STEPHEN A. M 4750 NORTH FEDERAL HWY, #200 FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P,S,T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MULANOVICH, VICTOR 4750 N FEDERAL HWY #200 FORT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD ALCLIKE, YARED 4750 N. FEDERAL HWY. #200 FORT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E084 (10/02)

12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with my title or authority.

SIGNATURE: STEPHEN A. RENAE, M.D., Pres 954-772-7723
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

10/7 dw