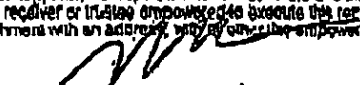


2003 FOR PRO. IT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011796			
1. Entry Name INFECTIOUS DISEASES ASSOCIATES OF FORT LAUDERDALE, P.A.			
Principal Place of Business 4750 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33308 US		Mailing Address 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 85-0374322		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		88.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBERTINE, MICHAEL O 2200 COMMERCIAL BLVD 876 801 FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name: Valdez-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	
		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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 198.07(3)(1), 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 signature empowered.			
SIGNATURE: 		STEPHEN A. RENAE, M.D. Pres 954-772-7723	
SUBSTITUTE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Office Phone	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -7 AM 11:14

7/10/03 90114 005 61.25

☐ CHECK HERE IF MAKING CHANGES

CP-2003-4 (07/03)

10/7/02