

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90015 012 \*\*\*150.00

0052784 AV

**DOCUMENT # P93000066968**

1. Entity Name

**INFECTION CONTROL SERVICES, INC.**

Principal Place of Business

5147 NORTH 9TH AVENUE  
STE 203  
PENSACOLA FL 32504  
US

Mailing Address

5147 NORTH 9TH AVENUE  
STE 203  
PENSACOLA FL 32504  
US

2. Principal Place of Business

5153 NORTH 9TH AVENUE  
Suite, Apt. #, etc.  
305

3. Mailing Address

5153 N 9TH AVENUE  
Suite, Apt. #, etc.  
305

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. FEI Number

59-3206359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WADE, BARBARA H MD  
5147 NORTH 9TH AVE  
STE 203  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

BARBARA H WADE, MD

Street Address (P.O. Box Number is Not Acceptable)

5153 NORTH 9TH AVENUE

City

PENSACOLA

FL

Zip Code

32504

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.

X SIGNATURE Barbara H. Wade MD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/02

X DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WADE, BARBARA H MD  
CITY-ST-ZIP 5147 N 9TH AVE STE 203  
PENSACOLA FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BUSH, SALLEY E RN  
CITY-ST-ZIP 5147 N 9TH AVE STE 203  
PENSACOLA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5153 N 9TH AVE STE 305  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5153 N 9TH AVE STE 305  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

X SIGNATURE: Barbara H. Wade MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

X Date

Daytime Phone #

CR2E034 (9/01)