

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

DOCUMENT # **P93000066968**

1. Entity Name
INFECTION CONTROL SERVICES, INC.



Principal Place of Business
**5153 NORTH 9TH AVE
305
PENSACOLA FL 32504
US**

Mailing Address
**5153 NORTH 9TH AVE
305
PENSACOLA FL 32504
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 **59-3206359** **Applied For**
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WADE, BARBARA H MD
5153 NORTH 9TH AVE
PENSACOLA FL 32504**

Name

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

City

FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 | D WADE, BARBARA H MD 5153 N 9TH AVE STE 305 PENSACOLA FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUSH, SALLEY E RN 5153 N 9TH AVE STE 305 PENSACOLA FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 all other like empowered.

SIGNATURE: *Barbara H. Wade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

Daytime Phone #

CR2E034 (10/02)