FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400062732 (0)

ORANGE

9. Name and Address of Current Registered Agent

·Licitra and Brooks, P.A.

INFECTIOUS DISEASE GROUP P.A.

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	Dringings	Place	r.1	£21.	cincer

115 W. COLUMBIA ST. SUITE C ORLANDO FL 32806

Mailing Address

115 W. COLUMBIA ST. SUITE C

ORLANDO FL 32806-1042

LMOVING	(100)
CHUVING	747/

ORLANDO

23

24

failing Address
500 S.DELANEY ST.
uito, Apt. #, etc.
SUITE 303

29

ORLANDO, PL

3280 l

08/22/1994 4. FEI Number 59-3269184

5. Certificate of Status Desired

3. Date Incorporated or Qualified

6. Election Campaign Financing

Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, X Yes No Florida Statutes

FILED

Jan 27 1997 8:00am

Secretary of State

10. Name and Address of New Registered Agent

LICITRA, CARMELO MD 115 W. COLUMBIA ST.

SUITE C ORLANDO FL 32806 81 Name

ORANGE

Street Address (P.O. Box Number is Not Acceptable)
500 S. DECANEY 82 83

SUITE 303 City

Zip Code

3a. Date of Last Report

Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

03/18/1996

11.	Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above	re-named corporation submits this statement for the purpose of changing its registered
	office or registered agent, or both, in the State of Fforida, Such change was authorized b	y the corporation's board of directors. I hereby accept the appointment as registered
	agent I am familiar with and accept the oblightions of, Section 607.0505, Florida Statute	s.
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	Y	

84

SIGNATURE.		-		7.1 1
	Signature, typed or protein rance of registered agent and file 1 ar	opikiable (NOTE	Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTO	ORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 ILŁ	P	DELETE	1.1 TITLE	Change Addition
NAME	LICTIRA, DOREEN M		1.2 NAME	
STREET ADDRESS	115 W COLUMBIA ST., STE C		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP	
TITLE	VP	DELETE	2.1 TITLE	VP Addition
NAME	BROOKS, ELIZA	•	2.2 NAME	LICITRA, CARMETO MD 500 S. DELANEY ST, SUITE 303
STREET ADDRESS	115 W COLUMBIA STREET SUITE C		2.3 STREET ADDRESS	BOO S. DELANEY ST. SUITE 303
CITY - S1 - ZIF	ORLANDO FL		2. 4 CITY - ST - ZIP	ORLANDO, PL 32801
TITLE	T	☐ DELETE	3.1 TITLE	Change Addition
NAME	LICITRA, CAMELO M		3.2 NAME	
STREET ADDRESS	115 W COLUMBIA ST., STE C		3.3 STREET ADDRESS	
CITY-ST-7IP	ORLANDO FL		3 4. CITY - ST - ZIP	
TITLE	8	DELETE	4.1 TITLE	Change Addition
NAME	BROOKS, ROBERT G MD	, .	4. 2 NAME	GURANI LICITRA CARMICLO MD 600 S. DELANEY ST. SUITE 303
STREET ADDRESS	115 W COLUMBIA ST., STE C		4.3 STREET ADDRESS	600 S. DELANBY ST. SUITE 303
CITY - ST - ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO, PZ 32801
TITLE		DELETE	5 1 TITLE	Change Addition
	1		£ 0.141.45	f

CITY-ST-ZIP 6.4 City - ST - ZIP 14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

THLE

NAME STREET ADDRESS

DELETE.

Addition

Change