


FILED

Jan 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000062732 (0)</b>			
<b>1. Corporation Name</b> <b>LICITRA AND BROOKS, P.A.</b> <b>FLORIDA INFECTIOUS DISEASE GROUP P.A.</b>			
<b>Principal Place of Business</b> 115 W. COLUMBIA ST. SUITE C ORLANDO FL 32806 (MOVING 1/97)		<b>Mailing Address</b> 115 W. COLUMBIA ST. SUITE C ORLANDO FL 32806-1042	
<b>2. Principal Place of Business</b> <b>21 600 S. DELANEY ST.</b> Suite, Apt. #, etc. <b>22 SUITE 303</b> City & State <b>23 ORLANDO, FL</b> Zip <b>24 32801</b>		<b>2a. Mailing Address</b> <b>26 500 S. DELANEY ST.</b> Suite, Apt. #, etc. <b>27 SUITE 303</b> City & State <b>28 ORLANDO, FL</b> Zip <b>29 32801</b>	
Country <b>25 ORANGE</b>		Country <b>30 ORANGE</b>	
<b>9. Name and Address of Current Registered Agent</b>			
<b>LICITRA, CARMELO MD</b> <b>115 W. COLUMBIA ST.</b> <b>SUITE C</b> <b>ORLANDO FL 32806</b>			<b>81 Name</b> <b>82 Street Address</b> <b>83</b> <b>84 City</b>
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.</b> <b>SIGNATURE</b> <i>[Signature]</i> (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>1. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> <b>LICITRA, DOREEN M</b> <b>115 W COLUMBIA ST., STE C</b> <b>ORLANDO FL</b>	<input type="checkbox"/> DELETE	<b>13.</b> <b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <b>BROOKS, ELIZA</b> <b>115 W COLUMBIA STREET SUITE C</b> <b>ORLANDO FL</b>	<input checked="" type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> <b>LICITRA, CARMELO M</b> <b>115 W COLUMBIA ST., STE C</b> <b>ORLANDO FL</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> <b>BROOKS, ROBERT G MD</b> <b>115 W COLUMBIA ST., STE C</b> <b>ORLANDO FL</b>	<input checked="" type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an attachment with an address.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Doreen M Licitra President</b>			



CR2E034 (9/96)