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PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS

CITY-ST-7IP



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000062732 (0)

FLORIDA INFECTIOUS DISEASE GROUP. P.A.

Mailing Address Principal Place of Business 115 W. COLUMBIA ST. 115 W. COLUMBIA ST. SUITE C SUITE C DO NOT WRITE IN THIS SPACE ORLANDO FL 32806 ORLANDO FL 32806 3. Date Incorporated or Qualified 08/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 500 S. DELANEY AVE. 59-3269184 Not Applicable 21 500 S. DELANEY AVE. \$8.75 Additional 5. Certificate of Status Desired П Fee Required SUITE 303 SUITE_303 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees ORLANDO, Trust Fund Contribution ORLANDO, Country Zφ Country 8. This corporation owes or has paid the current year Intangible 32801 USA Personal Property Tax due June 30. **XX**Yes 32801 USA 30 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 LICITRA, CARMELO MD LICITRA, CARMELO MD 115 W. COLUMBIA ST. Street Address (P.O. Box Number is Not Acceptable) 500 S. DELANEY AVE. 82 SUITE C 83 ORLANDO FL 32806 SUITE 303 84 32801 ORLANDO, 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Stonature, typed or pential name of region red agent and the if applicable (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELFTE 1.1 TITLE TITLE -- LICTIRA, DOREEN M--1.2 NAME NAME 415 W COLUMBIA ST., STE C 1.3 STREET AODRESS STREET ADORESS -ORLANDO FL 1.4 CHY- ST-7IP CITY-ST-7IP Change Addition DELETE 1 2.1 TITLE TITLE -Brooks: Eliza 2.2 NAME NAME 115 W COLUMBIA STREET SUITE C 2.3 STREET ADDRESS STREET ADDRESS -ORLANDO-FL-2 4 CHY- ST-7IP CITY-ST-ZIP Addition **X** Change DELETE 3.1 TOLE TITLE LICITRA, CAMELO M 3.2 NAME NAME LICITRA, CARMELO M. 115 W COLUMBIA ST., STE C 3.3 STREET ADDRESS 500 S. DELANEY AVE., **STE 303** STREET ADDRESS ORLANDO FL 3.4. CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE Brooks, Robert G MD-4. 2 NAME NAME 415 W COLUMBIA ST., STE G 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 4.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELFTE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

6.2 NAME

63 STREET ADDRESS

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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. ulolao

FILED

Apr 14 1998 8:00am

Secretary of State