

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90133 004 \*\*\*150.00

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**DOCUMENT # P94000062732**

1. Entity Name  
**FLORIDA INFECTIOUS DISEASE GROUP, P.A.**

Principal Place of Business

**500 S DELANEY AVE  
 SUITE 303  
 ORLANDO FL 32801  
 US**

Mailing Address

**500 S DELANEY AVE  
 SUITE 303  
 ORLANDO FL 32801  
 US**

2. Principal Place of Business

**1012 Lucerne Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address

**1012 Lucerne Terrace**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, Florida**

Zip  
**32806**

Country  
**U.S.A.**

City & State  
**Orlando, Florida**

Zip  
**32806**

Country  
**U.S.A.**

4. FEI Number **59-3269184**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LICITRA, CARMELO MD  
 500 S DELANEY AVE  
 SUITE 303  
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS LICITRA, CAMELO M 500 S DELANEY AVE STE 303 ORLANDO FL 32801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1012 LUCERNE TERRACE ORLANDO FL 32806</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/02 (407) 423-1039**  
 Date Daytime Phone #

CR2E034 (9/01)