

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90023 022 ***150.00

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



Principal Place of Business
1012 LUCERNE TERRACE
ORLANDO, FL 32806 US

Mailing Address
1012 LUCERNE TERRACE
ORLANDO, FL 32806 US



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
3012 LUCERNE TERRACE
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LICITRA, CARMELO M
STREET ADDRESS	1012 LUCERNE TERRACE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	V
NAME	RODRIGUEZ, MARIA DEL MAR
STREET ADDRESS	1012 LUCERNE TERRACE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	S
NAME	CRESPO, ANTONIO
STREET ADDRESS	1012 LUCERNE TERR
CITY-ST-ZIP	ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/07 (407) 423-1039
Date Daytime Phone #