

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90049 050 \*\*\*150.00

**DOCUMENT # P94000062732**

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



03132008 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, 2008 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, CAMELO 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

3/13/08

Date

(407) 423-1039

Daytime Phone #