

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011701

1. Entity Name

CLINIC FOR INFECTIOUS DISEASES, P.A.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90092 045 \*\*\*150.00

Principal Place of Business

Mailing Address

1842 HICKMAN RD., STE. A  
JACKSONVILLE FL 32216

1842 HICKMAN RD., STE. A  
JACKSONVILLE FL 32216-4443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3569369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, WENDELL H JR M.D.  
1842 HICKMAN RD., STE. A  
JACKSONVILLE FL 32216

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	EYE, EARL H JR M.D.	
STREET ADDRESS	1842 HICKMAN RD., STE. A	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WENDELL H JR M.D.	
STREET ADDRESS	1842 HICKMAN RD., STE. A	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORLEY, P. ANDREW JR M.D.	
STREET ADDRESS	1842 HICKMAN RD., STE. A	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, DINESH D M.D.	
STREET ADDRESS	1842 HICKMAN RD., STE. A	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOONVER, GEORGE A M.D.	
STREET ADDRESS	1842 HICKMAN RD., STE. A	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eye, Earl H. Jr., M.D.	
STREET ADDRESS	1842 Hickman Road	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Wendell H. Jr., M.D.	
STREET ADDRESS	1842 Hickman Road	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coley, P. Andrew Jr., M.D.	
STREET ADDRESS	1842 Hickman Road	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patel, Dinesh D., M.D.	
STREET ADDRESS	1842 Hickman Road	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schoonover, George A., M.D.	
STREET ADDRESS	1842 Hickman Road	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*P. Andrew Coley Jr, MD*  
P. Andrew Coley Jr, MD 4/5/00

Date

Daytime Phone #

904-725-6300

CR2E034 (9/99)