2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2021
Secretary of State
7468790702CC

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Entity Name: INFECTIOUS DISEASE CONSULTANTS, M.D., P.A.

Current Principal Place of Business:

685 PALM SPGS DR #2A
PALM SPRINGS MEDICAL CENTER
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

685 PALM SPGS DR #2A
PALM SPRINGS MEDICAL CENTER
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-1634257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHICK, DAVID L
200 SOUTH ORANGE AVENUE SUITE 2300
ORLANDO, FL 32801 US

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: JASON SNIFFEN 01/29/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	ALVARADO, FERNANDO S DR.
Address	685 PALM SPGS DR #2A PALM SPRINGS MEDICAL CENTER
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	TREASURER
Name	DIAZ, JUAN D. DR.
Address	685 PALM SPRINGS DR, STE 2A
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VP
Name	COOPER, CHRISTOPHER D DR
Address	685 PALM SPRINGS DR., #2A
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	OFFICER
Name	MARINEZ, JAVIER DR.
Address	685 PALM SPGS DR #2A PALM SPRINGS MEDICAL CENTER
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	SECRETARY
Name	MALDONADO, ANIBAL DR
Address	685 PALM SPRINGS DR, STE 2A
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	OFFICER
Name	KATTA, JOSEPH T DR.
Address	685 PALM SPRINGS DR #2A
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	OFFICER
Name	SNIFFEN, JASON C DR.
Address	685 PALM SPRINGS DR. SUITE 2A
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	OFFICER
Name	VELAZQUEZ, ALEXANDER DR.
Address	685 PALM SPGS DR #2A PALM SPRINGS MEDICAL CENTER
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FERNANDO ALVARADO PRESIDENT 01/29/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	OFFICER
Name	JUNCO NOA, LUIS DR.
Address	685 PALM SPGS DR #2A PALM SPRINGS MEDICAL CENTER
City-State-Zip:	ALTAMONTE SPRINGS FL 32701