

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002130

Entity Name: SOUTH FLORIDA INFECTIOUS DISEASE AND TROPICAL
MEDICINE CENTER, LLC

Current Principal Place of Business:

8740 N. KENDALL DRIVE, SUITE 208
MIAMI, FL 33176

Current Mailing Address:

8740 N. KENDALL DRIVE, SUITE 208
MIAMI, FL 33176

FEI Number: 20-2364772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE ELIAS LAW FIRM, PLLC
15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES, FL 33014 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name MURILLO, JORGE MD
Address 8740 N. KENDALL DRIVE, SUITE 208
City-State-Zip: MIAMI FL 33176

Title EVP
Name MEJIA, JORGE MD
Address 8740 N. KENDALL DRIVE, SUITE 208
City-State-Zip: MIAMI FL 33176

Title TRE
Name MEJIA, JORGE MD
Address 8740 N. KENDALL DRIVE, SUITE 208
City-State-Zip: MIAMI FL 33176

Title SEC
Name TORRES-VIERA, CARLOS MD
Address 8740 N. KENDALL DRIVE, SUITE 208
City-State-Zip: MIAMI FL 33176

Title MGR
Name MEJIA, JORGE MD
Address 8740 N. KENDALL DRIVE, SUITE 208
City-State-Zip: MIAMI FL 33176

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE MEJIA

MGRM

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date