

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000002130

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

**Current Principal Place of Business:**

5975 SUNSET DRIVE, SUITE 103  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

5975 SUNSET DRIVE, SUITE 103  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 20-2364772

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ARIAS, YESICA  
5975 SUNSET DRIVE  
SUITE 103  
SOUTH MIAMI, FL 33143 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:** YESICA ARIAS

**03/09/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRES  
Name JORGE MURILLO MD, P.A.  
Address 5975 SUNSET DRIVE  
103  
City-State-Zip: SOUTH MIAMI FL 33143

Title MRG - EVP - TRE  
Name JRM, MD P.A.  
Address 5975 SUNSET DRIVE  
103  
City-State-Zip: SOUTH MIAMI FL 33143

Title SEC  
Name CARLOS G. TORRES-VIERA, MD, P.A.  
Address 5975 SUNSET DRIVE  
103  
City-State-Zip: SOUTH MIAMI FL 33143

*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:** YESICA ARIAS

**PRACTICE MANAGER**

**03/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date