

**2023 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:** 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	JORGE MURILLO MD, P.A.
Address	8740 N. KENDALL DRIVE, SUITE 208
City-State-Zip:	MIAMI FL 33176

Title	MRG - EVP - TRE
Name	JRM, MD P.A.
Address	8740 N. KENDALL DRIVE, SUITE 208
City-State-Zip:	MIAMI FL 33176

Title	SEC
Name	CARLOS G. TORRES-VIERA, MD, P.A.
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 MURILLO MD, P.A.

PRES

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date