

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068890

Entity Name: CENTRAL FLORIDA INFECTIOUS DISEASES GROUP, P.L.

Current Principal Place of Business:

3000 N ORANGE AVENUE
SUITE A
ORLANDO, FL 32804

Current Mailing Address:

3000 N ORANGE AVENUE
SUITE A
ORLANDO, FL 32804 US

FEI Number: 26-2998997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ONYIA, WILFRED M.D.
3000 N ORANGE AVENUE
SUITE A
ORLANDO, FL 32804 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	MGRM	Title	AMBR
Name	ONYIA, WILFRED M.D.	Name	JOSE, KRISTINA M.
Address	3000 N ORANGE AVENUE SUITE A	Address	3000 N ORANGE AVENUE SUITE A
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804

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: ONIYA , WILFRED , M.D.

MNGR

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date