

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023041

**Entity Name:** ANTHONY SOLAGES AND INFECTIOUS DISEASE ASSOCIATES, LLC.

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC6679318290**

**Current Principal Place of Business:**

4745 SW 148TH AVE  
SUITE 301  
DAVIE, FL 33330

**Current Mailing Address:**

PO BOX 292523  
DAVIE, FL 33329 US

**FEI Number: 26-4216161**

**Certificate of Status Desired: No**

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

SOLAGES, ANTHONY  
4745 SW 148TH AVE  
SUITE 301  
DAVIE, FL 33330 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 MGR  
Name SOLAGES, ANTHONY  
Address PO BOX 292523  
City-State-Zip: DAVIE FL 33329

*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: ANTHONY SOLAGES**

**PRESIDENT**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date