

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000098006

Entity Name: CONSULTANTS IN INFECTIOUS DISEASES, L.L.C.

Current Principal Place of Business:

5670 54TH AVENUE NORTH, SUITE A-1
KENNETH CITY, FL 33709

Current Mailing Address:

P.O. BOX 4370
SEMINOLE, FL 33775

FEI Number: 01-0566334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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 | Title | MGR |
| Name | SARAI, ABEY | Name | PARAYATH, KRISHNAN |
| Address | 5670 54TH AVENUE NORTH, SUITE A-1 | Address | 5670 54TH AVENUE NORTH, SUITE A-1 |
| City-State-Zip: | KENNETH CITY FL 33709 | City-State-Zip: | KENNETH CITY FL 33709 |

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: SARAI , ABEY

MGR

02/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date