

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000015901

**Entity Name:** INFECTIOUS DISEASE ASSOCIATES OF NAPLES LLC

**Current Principal Place of Business:**

3021 AIRPORT-PULLING RD  
SUITE 103  
NAPLES, FL 34105

**Current Mailing Address:**

3021 AIRPORT-PULLING RD  
SUITE 103  
NAPLES, FL 34105 US

**FEI Number:** 81-5038483

**Certificate of Status Desired:** Yes

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

BROWN, MARK ALLEN DR.  
3021 AIRPORT-PULLING RD  
SUITE 103  
NAPLES, FL 34105 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:** MARK BROWN

05/31/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name BROWN, MARK ALLEN DR.  
Address 6320 ENGLISH OAKS LN  
City-State-Zip: NAPLES FL 34119

*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:** MARK BROWN

DR

05/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date