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 it 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.	

DR

City-State-Zip: NAPLES FL 34119

2022	FLORIDA	LIMITED	LIABILITY	COMPANY	AMENDED	ANNUAL I	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

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.

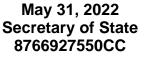
Electronic Signature of Registered Agent

Authorized Person(s) Detail :

SIGNATURE: MARK BROWN

AUTHORIZED REPRESENTATIVE Title Name BROWN, MARK ALLEN DR. Address 6320 ENGLISH OAKS LN

Electronic Signature of Signing Authorized Person(s) Detail



FILED

Certificate of Status Desired: Yes

05/31/2022 Date

05/31/2022 Date