Electronic Signature of Registered Agent

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:

Authorized Person(s) Detail :

Title OTHER Name MELIUS, KRISTY LEE 2430 VANDERBILT BEACH RD #305 Address City-State-Zip: NAPLES FL 34109

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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000015901

Entity Name: INFECTIOUS DISEASE ASSOCIATES OF NAPLES LLC

Current Principal Place of Business:

2430 VANDERBILT BEACH RD 305 NAPLES, FL 34109

Current Mailing Address:

2430 VANDERBILT BEACH RD 305 NAPLES, FL 34109

FEI Number: 81-5038483

Name and Address of Current Registered Agent:

MELIUS, KRISTY 2430 VANDERBILT BEACH RD 305 NAPLES, FL 34109 US

that my name appears above, or on an attachment with all other like empowered. 03/27/2020 REGISTERED AGENT

SIGNATURE: KRISTY LEE MELIUS

Date

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

Mar 27, 2020 Secretary of State 8042844233CC

FILED

Date