

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000059595

Entity Name: ASSOCIATES IN INFECTIOUS DISEASES, LLC**Current Principal Place of Business:**356 E MIDWAY ROAD
FT PIERCE, FL 34982**Current Mailing Address:**356 E MIDWAY ROAD
FT PIERCE, FL 34982 US**FEI Number:** 65-1055525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GENTRY, ANTONIA L
745 SE PORT ST LUCIE
PORT ST LUCIE, FL 34984 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 AMBR
Name RAMGOPAL, MOTI N
Address 356 E MIDWAY ROAD
City-State-Zip: FT PIERCE FL 34982

Title MGR
Name RAMGOPAL, MOTI N
Address 356 E MIDWAY ROAD
City-State-Zip: FT PIERCE FL 34982

Title AMBR
Name COLIN, BERJAN
Address 356 E MIDWAY ROAD
City-State-Zip: FT PIERCE FL 34982

Title MGR
Name COLIN, BERJAN
Address 356 E MIDWAY ROAD
City-State-Zip: FT PIERCE FL 34982

Title AMBR
Name MARIA RODRIGUEZ, ANA
Address 356 E MIDWAY ROAD
City-State-Zip: FT PIERCE FL 34982

Title MGR
Name MARIA RODRIGUEZ, ANA
Address 356 E MIDWAY ROAD
City-State-Zip: FT PIERCE FL 34982

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: MOTI RAMGOPAL

MGR

01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date