

**2023 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 COLLIN, BERJAN  
Address 356 E MIDWAY ROAD  
City-State-Zip: FT PIERCE FL 34982

Title MGR  
Name COLLIN, BERJAN  
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

AMBR

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date