

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000030797

**FILED**  
**Sep 05, 2012**  
**Secretary of State**

**Entity Name:** INFECTIOUS DISEASES OF FLORIDA PL

**Current Principal Place of Business:**

11331 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

11331 CORTEZ BLVD  
BROOKSVILLE, FL 334613 US

**New Mailing Address:**

**FEI Number:** 20-4594897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABA, SHEREEN  
11331 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**Name and Address of New 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: SHEREEN SABA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SABA, SHEREEN  
Address: 11331 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHEREEN SABA

MGRM

09/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date