

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 467900

**Entity Name:** ACADEMIC & CLINICAL INFECTIOUS DISEASES PA

**Current Principal Place of Business:**

4308 ALTON RD.  
SUITE 860  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4308 ALTON RD.  
SUITE 860  
MIAMI BEACH, FL 33140 US

**FEI Number:** 59-1568228

**Certificate of Status Desired:** No

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

TUDA, CLAUDIO MD  
4308 ALTON ROAD  
SUITE 860  
MIAMI BEACH, FL 33140 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

**Officer/Director Detail :**

Title P  
Name TUDA, CLAUDIO M.D. D MD  
Address 4308 ALTON RD  
SUITE 860  
City-State-Zip: MIAMI BEACH FL 33140

Title VP  
Name RIVERA, CYNTHIA M.D. MD  
Address 4308 ALTON RD  
SUITE 860  
City-State-Zip: MIAMI BEACH FL 33140

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TUDA, CLAUDIO M.D. D, MD

P

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date