**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 26, 2016**
**Secretary of State**
**CC6627024473**

DOCUMENT# 467900

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

**Current Principal Place of Business:**

4300 ALTON RD.
GREENE PAVILION #450
MIAMI BCH, FL 33140

**Current Mailing Address:**

4300 ALTON RD.
GREENE PAVILION #450
MIAMI BCH, FL 33140

**FEI Number: 59-1568228**

**Certificate of Status Desired:** Yes

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

TUDA, CLAUDIO MD
4300 ALTON ROAD
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 | PSD | Title | STD |
| Name | CHAN, JOSEPH C MD | Name | RIVERA, CYNTHIA MD |
| Address | 4300 ALTON RD. | Address | 4300 ALTON ROAD |
| City-State-Zip: | MIAMI BCH FL 33140 | City-State-Zip: | MIAMI BEACH FL 33140 |

| | |
|---|---|
| Title | VP |
| Name | TUDA, CLAUDIO D MD |
| Address | 4300 ALTON ROAD |
| 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: CLAUDIO TUDA MD VICE PRESIDENT 01/26/2016

Electronic Signature of Signing Officer/Director Detail — Date