

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467900

Entity Name: ACADEMIC & CLINICAL INFECTIOUS DISEASES PA

Current Principal Place of Business:

4302 ALTON RD.
SUITE 670
MIAMI BEACH, FL 33140

Current Mailing Address:

4302 ALTON RD.
SUITE 670
MIAMI BEACH, FL 33140 US

FEI Number: 59-1568228

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TUDA, CLAUDIO MD
4302 ALTON ROAD
SUITE 670
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
Name CHAN, JOSEPH C MD
Address 4302 ALTON ROAD
SUITE 670
City-State-Zip: MIAMI BEACH FL 33140

Title STD
Name RIVERA, CYNTHIA I MD
Address 4302 ALTON ROAD
SUITE 670
City-State-Zip: MIAMI BEACH FL 33140

Title VP
Name TUDA, CLAUDIO D MD
Address 4302 ALTON ROAD
SUITE 670
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: CYNTHIA I RIVERA

MD

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date