2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2019
Secretary of State
0746634901CC

DOCUMENT# 629609

Entity Name: INFECTIOUS DISEASE PHYSICIANS, P.A.

Current Principal Place of Business:

7800 SW 87TH AVE
STE B260
MIAMI, FL 33173-0570

Current Mailing Address:

7800 SW 87TH AVE
STE B260
MIAMI, FL 33173-0570 US

FEI Number: 59-1921343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAHN, JEFF
1515 NORTH FEDERAL HWY
SUITE 300
BOCA RATON, FL 33432 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	BAKER, H BARRY, MD
Address	7800 S.W. 87TH AVE #B260
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	LEVINE, RICHARD L, MD
Address	7800 S.W. 87TH AVE #B260
City-State-Zip:	MIAMI FL 33173

Title	TREASURER
Name	GAVIRIA, JOSE M DR.
Address	7800 SW 87 AVE B260
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	CANAAN, MARIANGELA DR.
Address	7800 SW 87TH AVE STE B260
City-State-Zip:	MIAMI FL 33173-0570

Title	DIRECTOR
Name	JACOBSON, NATHAN A, MD
Address	7800 S.W. 87TH AVE #B260
City-State-Zip:	MIAMI FL 33173

Title	D
Name	RODRIGUEZ, GILBERTO DR.
Address	7800 SW 87 AVE B260
City-State-Zip:	MIAMI FL 33173

Title	SECRETARY
Name	BAKER, STACEY E DR.
Address	7800 SW 87TH AVE STE B260
City-State-Zip:	MIAMI FL 33173-0570

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: H BARRY BAKER, MD PRESIDENT 01/16/2019

Electronic Signature of Signing Officer/Director Detail — Date