

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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****04/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date