

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000135262

**Entity Name:** INFECTIOUS DISEASE SPECIALISTS OF CENTRAL FLORIDA ,  
PA

**FILED**  
**Feb 15, 2019**  
**Secretary of State**  
**8020913973CC**

**Current Principal Place of Business:**

102 PARK PLACE BLVD., BLDG D  
SUITES 2-3  
KISSIMMEE, FL 34741

**Current Mailing Address:**

102 PARK PLACE BLVD., BLDG D  
SUITES 2-3  
KISSIMMEE, FL 34741 US

**FEI Number: 20-1704617**

**Certificate of Status Desired: No**

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

CHAUDHARY, SAJID R  
102 PARK PLACE BLVD., BLDG D  
BUILDING D SUITE 2-3  
KISSIMMEE, FL 34741 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 CHAUDHARY, SAJID R  
Address 102 PARK PLACE BLVD., BLDG D  
SUITES 2-3  
City-State-Zip: KISSIMMEE FL 34741

*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: SAJID CHAUDHARY**

**PRESIDENT**

**02/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date