

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S94315

**Entity Name:** INFECTIOUS DISEASE ASSOCIATES, P.A.

**Current Principal Place of Business:**

2900 N MILITARY TRAIL  
SUITE 243  
BOCA RATON, FL 33431

**Current Mailing Address:**

2900 N.MILITARY TRAIL  
243  
BOCA RATON, FL 33431 US

**FEI Number:** 65-0298964

**Certificate of Status Desired:** Yes

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

SANDKOVSKY, GABRIEL G MD  
2900 N MILITARY TRAIL  
SUITE 243  
BOCA RATON, FL 33431 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:** GABRIEL G. SANDKOVSKY, M.D.

01/25/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MBAGA, INES I MD  
Address 2900 N MILITARY TRAIL  
SUITE 243  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name WIESE, KURT L MD  
Address 2900 N MILITARY TRAIL  
SUITE 243  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name CEBULAR, SANDA I MD  
Address 2900 N MILITARY TRAIL  
SUITE 243  
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT  
Name SANDKOVSKY, GABRIEL G MD  
Address 2900 N MILITARY TRAIL  
SUITE 243  
City-State-Zip: BOCA RATON FL 33431

*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:** GABRIEL SANDKOVSKY

PRESIDENT

01/25/2025

Electronic Signature of Signing Officer/Director Detail

Date