

2023 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.

03/07/2023

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 G SANDKOVSKY, M.D.

PRESIDENT

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date