

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S94315

**Entity Name:** INFECTIOUS DISEASE ASSOCIATES, P.A.**Current Principal Place of Business:**1050 NW 15 ST  
SUITE 205  
BOCA RATON, FL 33486**Current Mailing Address:**1050 NW 15 ST  
SUITE 205  
BOCA RATON, FL 33486**FEI Number:** 65-0298964**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARDENAS, JULIO V MD  
1050 NW 15 ST  
SUITE 205  
BOCA RATON, FL 33486 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:** JULIO V CARDENAS, M.D.

03/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	CARDENAS, JULIO V MD
Address	1050 NW 15 ST #205
City-State-Zip:	BOCA RATON FL 33486

Title	VP
Name	SAXE, SUSAN E MD
Address	1050 N.W. 15TH ST. #205
City-State-Zip:	BOCA RATON FL 33486

Title	VP
Name	MBAGA, INES I MD
Address	1050 N.W. 15TH ST. #205
City-State-Zip:	BOCA RATON FL 33486

Title	VP
Name	WIESE, KURT L MD
Address	1050 N.W. 15TH STREET #205
City-State-Zip:	BOCA RATON FL 33486

Title	VP
Name	CEBULAR, SANDA I MD
Address	1050 N.W. 15TH STREET #205
City-State-Zip:	BOCA RATON FL 33486

Title	VP
Name	SANDKOVSKY, GABRIEL G MD
Address	1050 NW 15 ST SUITE 205
City-State-Zip:	BOCA RATON FL 33486

*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:** JULIO V CARDENAS, MD

PRESIDENT

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date