2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2017
Secretary of State
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Entity Name: COMPREHENSIVE INFECTIOUS DISEASES LLC

Current Principal Place of Business:

10115 FOREST HILL BLVD, #102
WELLINGTON, FL 33414-6178

Current Mailing Address:

10115 FOREST HILL BLVD, #102
WELLINGTON, FL 33414-6178 US

FEI Number: 26-3416768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSH, LARRY MMD
10115 FOREST HILL BLVD, #102
WELLINGTON, FL 33414-6178 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

Authorized Person(s) Detail :

Title	MGRM
Name	BUSH, LARRY MMD
Address	10115 FOREST HILL BLVD, #102
City-State-Zip:	WELLINGTON FL 33414-6178

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY BUSH MMD MGRM 03/21/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date