

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112337

Entity Name: CENTRAL FLORIDA INFECTIOUS DISEASES, LLC

Current Principal Place of Business:

11321 LAUREL BROOK COURT
RIVERVIEW, FL 33569

Current Mailing Address:

11321 LAUREL BROOK COURT
RIVERVIEW, FL 33569

FEI Number: 26-3651005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KURIAN, ALICE
11321 LAUREL BROOK COURT
RIVERVIEW, FL 33569 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 JOHN, LINDSAY M
Address 11321 LAUREL BROOK COURT
City-State-Zip: RIVERVIEW FL 33569

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: LINDSAY JOHN

MANAGER

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date