

**2014 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**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date