2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
8454592316CC

DOCUMENT# L08000112337

Entity Name: CENTRAL FLORIDA INFECTIOUS DISEASES, LLC

Current Principal Place of Business:

435 2ND ST. NE
WINTER HAVEN, FL 33881

Current Mailing Address:

735 WHISPER WOODS DR.
LAKELAND, FL 33813 US

FEI Number: 26-3651005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KURIAN, ALICE
735 WHISPER WOODS DR.
LAKELAND, FL 33813 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	735 WHISPER WOODS DR.
City-State-Zip:	LAKELAND FL 33813

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 M JOHN MGRM 04/25/2025

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