

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 28, 2013
Secretary of State
CC9905462444

Entity Name: THE INFECTIOUS DISEASES EXPERT GROUP OF NW FLORIDA, LLC.

Current Principal Place of Business:

9013 UNIVERSITY PKWY
SUITE H
PENSACOLA, FL 32514

Current Mailing Address:

900 FORT PICKENS RD.
#721
PENSACOLA BEACH, FL 32561 US

FEI Number: 45-5096449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTBERRY & CONNORS, LLC.
3000 LANGLEY AVE.
SUITE 300
PENSACOLA, FL 32504 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 EPHTIMIOS, ISSA
Address 900 FORT PICKENS RD. #721
City-State-Zip: PENSACOLA BEACH FL 32561

Title MGRM
Name BAKER, JOAN
Address 900 FORT PICKENS RD. #721
City-State-Zip: PENSACOLA BEACH FL 32561

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ISSA EPHTIMIOS

MANAGER

02/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date