

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000053534

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

**FILED**  
**Aug 18, 2014**  
**Secretary of State**  
**CC0955482822**

**Current Principal Place of Business:**

9013 UNIVERSITY PKWY  
SUITE H  
PENSACOLA, FL 32514

**Current Mailing Address:**

9013 UNIVERSITY PKWY  
H  
PENSACOLA , FL 32514 US

**FEI Number: 45-5096449**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JOAN, BAKER  
9013 UNIVERSITY PKWY  
SUITE H  
PENSACOLA, FL 32514 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: JOAN BAKER

08/18/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	EPHTIMIOS, ISSA	Name	BAKER, JOAN
Address	9013 UNIVERSITY PKWY SUITE H	Address	9013 UNIVERSITY PKWY SUITE H
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	PENSACOLA FL 32514

*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: ISSA EPHTIMIOS

MANAGER

08/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date