

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000053534

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

**FILED**  
**May 02, 2022**  
**Secretary of State**  
**5045881144CC**

**Current Principal Place of Business:**

900 FORT PICKENS ROAD  
721  
PENSACOLA BEACH, FL 32563

**Current Mailing Address:**

PO BOX 1409  
CANTONMENT, FL 32533 US

**FEI Number: 45-5096449**

**Certificate of Status Desired: No**

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

JOAN, BAKER  
900 FORT PICKENS ROAD  
721  
PENSACOLA BEACH, FL 32563 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

05/02/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name EPHTIMIOS, ISSA  
Address 900 FORT PICKENS ROAD  
721  
City-State-Zip: PENSACOLA BEACH FL 32563

Title MGRM  
Name BAKER, JOAN  
Address 900 FORT PICKENS ROAD  
721  
City-State-Zip: PENSACOLA BEACH FL 32563

*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/ OWNER

05/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date