

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000053534

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

Current Principal Place of Business:

3394 CHANTARENE DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

3394 CHANTARENE DRIVE
PENSACOLA, FL 32507 US

FEI Number: 45-5096449

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOAN, BAKER
3394 CHANTARENE DRIVE
PENSACOLA, FL 32507 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

04/27/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	EPHTIMIOS, ISSA	Name	BAKER, JOAN
Address	3394 CHANTARENE DRIVE	Address	3394 CHANTARENE DRIVE
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507

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

04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date