

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000053534

**FILED
May 31, 2016
Secretary of State
CC2697776750**

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

Current Principal Place of Business:

4724 N. DAVIS HWY
SUITE 200
PENSACOLA, FL 32503

Current Mailing Address:

4724 N. DAVIS HWY
200
PENSACOLA , FL 32503 US

FEI Number: 45-5096449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOAN, BAKER
4724 N. DAVIS HWY
SUITE 200
PENSACOLA, FL 32503 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

05/31/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name EPHTIMIOS, ISSA
Address 4724 N. DAVIS HWY
SUITE 200
City-State-Zip: PENSACOLA FL 32503

Title MGRM
Name BAKER, JOAN
Address 4724 N. DAVIS HWY
SUITE 200
City-State-Zip: PENSACOLA FL 32503

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/ OWENER

05/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date