

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000107889

**Entity Name:** INFECTIOUS DISEASE CONSULTANTS OF WEST FLORIDA, LLC

**FILED**  
**Apr 23, 2025**  
**Secretary of State**  
**7852717892CC**

**Current Principal Place of Business:**

17911 BRAMSHOT PLACE  
LUTZ, FL 33559

**Current Mailing Address:**

17911 BRAMSHOT PLACE  
LUTZ, FL 33559 US

**FEI Number: 82-1572934**

**Certificate of Status Desired: No**

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

THOMAS & COMPANY CPA PA  
9710 STIRLING RD  
101  
COOPER CITY , FL 33024 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: JOSE THOMAS**

**04/23/2025**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHOPRA, ANIL  
Address 17911 BRAMSHOT PLACE  
City-State-Zip: LUTZ FL 33559

Title MBR  
Name ANEJA, PARUL  
Address 17911 BRAMSHOT PLACE  
City-State-Zip: LUTZ FL 33559

*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: CHOPRA , ANIL**

**CHOPRA , ANIL**

**04/23/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date