

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000107889

Entity Name: INFECTIOUS DISEASE CONSULTANTS OF WEST FLORIDA, LLC

FILED
Oct 18, 2019
Secretary of State
0322044383CR

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

10/18/2019

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: ANIL CHOPRA

MGR

10/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date