

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000078518

**Entity Name:** GORDIAN MEDICAL VIII, INC.

**Current Principal Place of Business:**

9000 SHERIDAN STREET  
SUITE 150  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

3445 N CAUSEWAY BLVD., SUITE 600  
METAIRIE, LA 70002 US

**FEI Number:** 20-1138476

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT

Name BOWMAN, JEFFREY

Address 3445 N CAUSEWAY BLVD., SUITE 600

City-State-Zip: METAIRIE LA 70002

Title DELEGATED OFFICIAL

Name WARD, CHERYL

Address 3445 N CAUSEWAY BLVD., SUITE 600

City-State-Zip: METAIRIE LA 70002

Title CFO

Name MALLIN, AMY COHEN

Address 3445 N CAUSEWAY BLVD., SUITE 600

City-State-Zip: METAIRIE LA 70002

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY BOWMAN

PRESIDENT

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date