

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000201913

Entity Name: GI MEDICAL SPECIALISTS, PLLC

Current Principal Place of Business:

4012 KELCEY CT,
SUITE 103
TALLAHASSEE, FL 32308

Current Mailing Address:

9018 SHOAL CREEK DR
TALLAHASSEE, FL 32312 US

FEI Number: 81-0853657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNIYAPPA, KISHOR
9018 SHOAL CREEK DR
TALLAHASSEE, FL 32312 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

Authorized Person(s) Detail :

Title AMBR
Name MUNIYAPPA, KISHOR
Address 9018 SHOAL CREEK DR
City-State-Zip: TALLAHASSEE FL 32312

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: KISHOR MUNIYAPPA

OWNER

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date