

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000201913

Entity Name: GI MEDICAL SPECIALISTS, PLLC

Current Principal Place of Business:

2626 CARE DRIVE,
SUITE 101
TALLAHASSEE, FL 32308

Current Mailing Address:

6359 BELGRAND DR.
TALLAHASSEE, FL 32312 US

FEI Number: 81-0853657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNIYAPPA, KISHOR
6359 BELGRAND DR
SUITE 101
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 6359 BELGRAND 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

01/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date