

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000055266

**Entity Name:** MIAMI PEDIATRIC GASTROENTEROLOGY, LLC

**Current Principal Place of Business:**

8525 S.W. 92 STREET SUITE C-11A  
MIAMI, FL 33156

**Current Mailing Address:**

8525 S.W. 92 STREET SUITE C-11A  
MIAMI, FL 33156

**FEI Number: 81-1894645**

**Certificate of Status Desired: No**

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

KOUTOUBY, RAGHAD  
8525 S.W. 92 STREET SUITE C-11A  
MIAMI, FL 33156 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 MBR  
Name KOUTOUBY, RAGHAD  
Address 8525 S.W. 92 STREET  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name KOUTOUBY, RAGHAD  
Address 8525 S.W. 92 STREET  
City-State-Zip: MIAMI FL 33156

Title MBR  
Name LORET DE MOLA, OSCAR  
Address 8525 S.W. 92 STREET SUITE C-11A  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name LORET DE MOLA, OSCAR  
Address 8525 S.W. 92 STREET SUITE C-11A  
City-State-Zip: MIAMI FL 33156

*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: RAGHAD KOUTOUBY**

**MD**

**04/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date