

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**

**Jan 31, 2024**

**Secretary of State  
3291928693CC**

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 ALALWA**

**MD**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date