

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 01, 2021
Secretary of State
1199914560CC

Entity Name: GASTROENTEROLOGY ASSOCIATES OF FLORIDA, LLC

Current Principal Place of Business:

5401 SOUTH CONGRESS AVE
SUITE 211
LAKE WORTH, FL 33462

Current Mailing Address:

17070 GULF PINE CIRCLE
WELLINGTON, FL 33414 US

FEI Number: 82-4746934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEINBERG, SETH MD
17070 GULF PINE CIRCLE
WELLINGTON, FL 33414 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 MGR
Name STEINBERG, SETH MD
Address 17070 GULF PINE CIRCLE
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name ROSENFELD, THOMAS MD
Address 5401 S. CONGRESS AVE STE 211
City-State-Zip: LAKE WORTH FL 33462

Title MGR
Name SIMON, TODD DO
Address 5401 S. CONGRESS AVE STE 211
City-State-Zip: LAKE WORTH FL 33462

Title MGR
Name HURWITZ, LYLE MD
Address 5401 S. CONGRESS AVE STE 211
City-State-Zip: LAKE WORTH FL 33462

Title MGR
Name MEDRANO, MILES MD
Address 5401 S. CONGRESS AVE STE 211
City-State-Zip: LAKE WORTH FL 33462

Title MGR
Name SHERMAN, FREDERICK MD
Address 5401 S. CONGRESS AVE STE 211
City-State-Zip: LAKE WORTH FL 33462

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: SETH S STEINBERG

M.D.

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date