

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000059186

**FILED**  
**Jan 30, 2019**  
**Secretary of State**  
**2715218909CC**

**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 STEINBERG

**MGR**

**01/30/2019**

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

\_\_\_\_\_  
Date