

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000148819

Entity Name: SOUTH FLORIDA COLORECTAL INSTITUTE PLLC

Current Principal Place of Business:

1930 NORTHEAST 47TH STREET
SUITE 104
FORT LAUDERDALE, FL 33308

Current Mailing Address:

1930 NORTHEAST 47TH STREET
SUITE 104
FORT LAUDERDALE, FL 33308 US

FEI Number: 83-0967544

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHOCHET, ELIE
SUITE 104
SUITE 104
FT LAUDERDALE, FL 33308 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 SCHOCHET, ELIE
Address SUITE 104
SUITE 104
City-State-Zip: FT LAUDERDALE FL 33308

Title PRACTICE ADMINISTRATOR
Name MELENDEZ, JENNY LYNN
Address SUITE 104
SUITE 104
City-State-Zip: FT LAUDERDALE FL 33308

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: JENNY LYNN MELENDEZ

**PRACTICE
ADMINISTRATOR**

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date