

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000360982

Entity Name: GASTRO MD ANESTHESIA, LLC

Current Principal Place of Business:

511 W. BAY STREET, SUITE 400
TAMPA, FL 33606

Current Mailing Address:

511 W. BAY STREET, SUITE 400
TAMPA, FL 33606 US

FEI Number: 85-4068586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HATFIELD, MATTHEW
511 W BAY ST., STE 400
TAMPA, FL 33606 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: MATTHEW HATFIELD

03/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GASTRO MD, LLC
Address 511 W. BAY STREET, SUITE 400
City-State-Zip: TAMPA FL 33606

Title CEO
Name DOYLE, MICHAEL
Address 511 W. BAY STREET, SUITE 400
City-State-Zip: TAMPA FL 33606

Title COO
Name DAVIS, CHARLES
Address 511 W. BAY STREET, SUITE 400
City-State-Zip: TAMPA FL 33606

Title CFO
Name LINGLE, BRANDAN
Address 511 W. BAY STREET, SUITE 400
City-State-Zip: TAMPA FL 33606

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: MICHAEL DOYLE

CEO

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date