

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000318136

Entity Name: LAKEWOOD DIGESTIVE HEALTH, PLLC

Current Principal Place of Business:

1825 MAGNOLIA ST.
SARASOTA, FL 34239

Current Mailing Address:

1825 MAGNOLIA ST.
SARASOTA, FL 34239 US

FEI Number: 93-2249030

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MISHRA, AVANTIKA
1825 MAGNOLIA ST.
SARASOTA, FL 34239 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 MISHRA, AVANTIKA
Address 1825 MAGNOLIA ST.
City-State-Zip: SARASOTA FL 34239

Title AMBR
Name ANDARI SAWAYA, RONALD
Address 1825 MAGNOLIA ST.
City-State-Zip: SARASOTA FL 34239

Title AMBR
Name MATHEUS, TONANTZIN
Address 1825 MAGNOLIA ST.
City-State-Zip: SARASOTA FL 34239

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: AVANTIKA MISHRA

MD

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date