#### 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: MOHAN KARTHIK

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/01/2018

#### DOCUMENT# P13000061664

## Entity Name: ADVANCED GASTROENTEROLOGY OF SOUTH FLORIDA, P.A.

#### **Current Principal Place of Business:**

7100 W. 20 AVE. SUITE 105 HIALEAH, FL 33016

#### **Current Mailing Address:**

7100 W. 20 AVE. SUITE 105 HIALEAH, FL 33016 US

# **FEI Number: NOT APPLICABLE**

# Name and Address of Current Registered Agent:

EDWARD GARCIA INC 6163 MIAMI LAKES DR E MIAMI LAKES, FL 33014 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.

#### S

gistered Agent

#### C

MOHAN, KARTHIK Name Address

The above named entity submits this statement for th	
SIGNATURE:	EDWARD GARCIA
	Electronic Signature of Reg
Officer/Director Detail :	
Title D	OPST

7100 W. 20 AVE., SUITE 105

City-State-Zip: MIAMI FL 33016

FILED Mar 01, 2018 Secretary of State CC7073489922

Certificate of Status Desired: No

03/01/2018

Date

Date