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: KARTHIK MOHAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P13000061664

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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.

SIGNATURE: EDWARD GARCIA

Electronic Signature of Registered Agent

Officer/Director Detail :

TitleDPSTNameMOHAN, KARTHIKAddress7100 W. 20 AVE., SUITE 105City-State-Zip:MIAMI FL 33016

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 local effect os if me

Certificate of Status Desired: No

02/20/2024

02/20/2024 Date

FILED Feb 20, 2024 Secretary of State 6367019842CC

PRESIDENT