

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000084610

**Entity Name:** ADVANCED GASTROENTEROLOGY AFFILIATES, INC.

**Current Principal Place of Business:**

7448 DOC'S GROVE CIRCLE  
200  
ORLANDO, FL 32819

**Current Mailing Address:**

7448 DOCS GROVE CIR  
SUITE 200  
ORLANDO, FL 32819 US

**FEI Number:** 59-3597855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOON, MOHAMMED N  
7448 DOC'S GROVE CIRCLE  
200  
ORLANDO, FL 32836 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

**Officer/Director Detail :**

Title MGRM  
Name THE MNM IRREVOCABLE TRUST  
Address 9125 SOUTHERN BREEZE DRIVE  
City-State-Zip: ORLANDO FL 32836

Title O  
Name MOON, MOHAMMED NAEEM  
Address 7448 DOCS GROVE CIRCLE SUITE  
200  
City-State-Zip: ORLANDO FL 32819

*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:** MOHAMMED N MOON

**MGR**

**02/27/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date