

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069133

Entity Name: CENTER FOR ADVANCED GASTROENTEROLOGY, LLC**Current Principal Place of Business:**740 S CONCOURSE PKWY
SUITE #200
MAITLAND, FL 32751**Current Mailing Address:**740 S CONCOURSE PKWY
SUITE #200
MAITLAND, FL 32751 US**FEI Number:** 54-2160614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STURM, ANGIE
740 S CONCOURSE PKWY
SUITE 200
MAITLAND, FL 32751 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:** ANGIE STURM

02/02/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name HILAL, RAOUF MD
Address 740 S CONCOURSE PKWY
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title MGRM
Name MUSHAHWAR, ANDRIA MMD
Address 740 S CONCOURSE PKWY
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title MGRM
Name QUAGLIATA, JOSEPH JMD
Address 740 S CONCOURSE PKWY
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title ADMINISTRATOR
Name STURM, ANGIE
Address 740 S CONCOURSE PKWY
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED MEMBER
Name PANZARELLA, PAUL DR.
Address 740 S CONCOURSE PKWY
SUITE #200
City-State-Zip: MAITLAND FL 32751

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: RAOUF HILAL, MD

MANAGER

02/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date