

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000069133

**Entity Name:** CENTER FOR ADVANCED GASTROENTEROLOGY, LLC

**Current Principal Place of Business:**

260 LOOKOUT PLACE  
SUITE #201  
MAITLAND, FL 32751

**Current Mailing Address:**

260 LOOKOUT PLACE  
SUITE #201  
MAITLAND, FL 32751

**FEI Number:** 54-2160614

**Certificate of Status Desired:** Yes

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

WENGER, DENISE  
260 LOOKOUT PLACE  
SUITE 201  
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:** DENISE WENGER

10/02/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name HILAL, RAOUF MD  
Address 260 LOOKOUT PLACE ,SUITE # 201  
City-State-Zip: MAITLAND FL 32751

Title MGRM  
Name MUSHAHWAR, ANDRIA MMD  
Address 260 LOOKOUT PLACE , SUITE 201  
City-State-Zip: MAITLAND FL 32751

Title MGRM  
Name QUAGLIATA, JOSEPH JMD  
Address 260 LOOKOUT PLACE , SUITE 201  
City-State-Zip: MAITLAND FL 32751

Title ADMINISTRATOR  
Name WENGER, DENISE  
Address 260 LOOKOUT PLACE  
SUITE #201  
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:** DENISE WENGER

ADMINISTRATOR

10/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date