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.

PRESIDENT

SIGNATURE: MOHAMMAD R MASTALI

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: MID-FLORIDA GASTROENTEROLOGY CONSULTANTS, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

10000 WEST COLONIAL DR. SUITE 389 OCOEE, FL 34761

Current Mailing Address:

DOCUMENT# L06000099577

10000 WEST COLONIAL DR. SUITE 389 OCOEE, FL 34761 US

FEI Number: 20-5689196

Name and Address of Current Registered Agent:

MASTALI, MOHAMMAD R 10000 WEST COLONIAL DR. SUITE 389 OCOEE, FL 34761 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

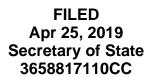
Authorized Person(s) Detail :

Authorized Terson(s) Detail .			
Title	MGRM	Title	ASSISTANT
Name	MASTALI, MOHAMMAD R	Name	MASTALI, SANDRA LYNN
Address	10000 WEST COLONIAL DR. SUITE 389	Address	10000 WEST COLONIAL DRIVE 389
City-State-Zip:	OCOEE FL 34761	City-State-Zip:	OCOEE FL 34761

Certificate of Status Desired: No

Date

04/25/2019



signing Authorized Person(S) Detail

Date