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 REZA MASTALI

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: MID-FLORIDA GASTROENTEROLOGY CONSULTANTS, LLC

2021 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 :

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

Apr 20, 2021 Secretary of State 8050092054CC

Date

FILED

04/20/2021 Date