

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099577

Entity Name: MID-FLORIDA GASTROENTEROLOGY CONSULTANTS, LLC

Current Principal Place of Business:

10000 WEST COLONIAL DR.
SUITE 389
OCOE, FL 34761

Current Mailing Address:

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

FEI Number: 20-5689196

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASTALI, MOHAMMAD R
10000 WEST COLONIAL DR.
SUITE 389
OCOE, 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

Date

Authorized Person(s) Detail :

Title MGRM
Name MASTALI, MOHAMMAD R
Address 10000 WEST COLONIAL DR. SUITE
389
City-State-Zip: OCOE FL 34761

Title ASSISTANT
Name MASTALI, SANDRA LYNN
Address 10000 WEST COLONIAL DRIVE
389
City-State-Zip: OCOE FL 34761

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: MOHAMMAD R MASTALI

M.D

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date