Current Principal Place of Business: 1502 HUBBARD CT CELEBRATION, FL 34747		
Current Mailing Address:		
1502 HUBBARD CT CELEBRATION, FL 34747 US		
FEI Number: 20-5689196		Certif
Name and Address of Current Registered	Agent:	
MASTALI, MOHAMMAD R 1502 HUBBARD CT CELEBRATION, FL 34747 US		
The above named entity submits this statement for the purpose	of changing its registered office or reg	gistered age
SIGNATURE:		
Electronic Signature of Registered A	gent	
Authorized Person(s) Detail :		
Title DR.	Title	MANA

gent, or both, in the State of Florida.

AGER MASTALI, MOHAMMAD REZA MASTALI, SANDRA LYNN Name Name 1502 HUBBARD CT 1502 HUBBARD CT Address Address City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

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 REZA MASTALI

PRESIDENT

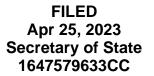
04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000099577

## Entity Name: MID-FLORIDA GASTROENTEROLOGY CONSULTANTS, LLC



ificate of Status Desired: No

Date

Date