

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074808

**Entity Name:** ADVANCED GASTROENTEROLOGY ASSOCIATES LLC**Current Principal Place of Business:**34041 US HWY 19 N  
SUITE A  
PALM HARBOR, FL 34684**Current Mailing Address:**34041 US HWY 19 N  
SUITE A  
PALM HARBOR, FL 34684**FEI Number:** 27-0677505**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAUNK, JAWAHAR L  
34041 US HWY 19 N  
SUITE A  
PALM HARBOR, FL 34684 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 TAUNK, JAWAHAR L  
Address 34041 US HWY 19 N, SUITE A  
City-State-Zip: PALM HARBOR FL 34684

Title MGR  
Name LAKSHMINARASIMHAN, VENU  
Address 34041 US HWY 19 NORTH, SUITE A  
City-State-Zip: PALM HARBOR FL 34684

Title MGR  
Name ONEA, MIRELA  
Address 34041 US HWY 19 N  
SUITE A  
City-State-Zip: PALM HARBOR FL 34684

Title MGR  
Name REDDY, TIYYAGURA  
Address 34041 US HWY 19 NORTH, SUITE A  
City-State-Zip: PALM HARBOR FL 34684

Title MGR  
Name AMIN, SANJIV  
Address 34041 US HWY 19 NORTH, SUITE A  
City-State-Zip: PALM HARBOR FL 34684

Title MGRM  
Name HUMPHREYS, KEVIN  
Address 34041 US HWY 19 N  
SUITE A  
City-State-Zip: PALM HARBOR FL 34684

*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:** JAWAHAR TAUNK

MGRM

01/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date