

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000092966

Entity Name: FLORIDA DIGESTIVE HEALTH SPECIALISTS INFUSION, LLC

Current Principal Place of Business:

10920 TECHNOLOGY TERRACE
LAKEWOOD RANCH, FL 34211

Current Mailing Address:

10920 TECHNOLOGY TERRACE
LAKEWOOD RANCH, FL 34211 US

FEI Number: 27-0709861

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KHAZANCHI, ARUN M.D.
10920 TECHNOLOGY TERRACE
LAKEWOOD RANCH, FL 34211 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 FLORIDA DIGESTIVE HEALTH
SPECIALISTS, LLP
Address 10920 TECHNOLOGY TERRACE
City-State-Zip: LAKEWOOD RANCH FL 34211

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: RYAN SCHLONEGER

STAFF ACCOUNTANT

01/08/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date