

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000044139

**Entity Name:** FLORIDA CENTER FOR GASTROENTEROLOGY, LLC

**Current Principal Place of Business:**

8250 BRYAN DAIRY RD.  
SUITE 200  
LARGO, FL 33777-1359

**Current Mailing Address:**

10920 TECHNOLOGY TERRACE  
LAKEWOOD RANCH, FL 34211 US

**FEI Number:** NOT APPLICABLE

**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:** ARUN KHAZANCHI

**MANAGING PARTNER**

**02/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date