

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000009274

Entity Name: DIGESTIVE DISEASES CENTER OF FLORIDA, PLLC

Current Principal Place of Business:

204 E 19TH STREET
PANAMA CITY, FL 32405

Current Mailing Address:

204 E 19TH STREET
PANAMA CITY, FL 32405 US

FEI Number: 59-2034963

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WELLS, CHRISTOPHER
204 E 19TH STREET
PANAMA CITY, FL 32405 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: CHRISTOPHER WELLS

01/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RAO, PALEP N
Address 204 E 19TH STREET
City-State-Zip: PANAMA CITY FL 32405

Title MGR
Name REDDY, SUDHAKAR C
Address 204 E 19TH STREET
City-State-Zip: PANAMA CITY FL 32405

Title MGR
Name ALBIBI, RIYAD
Address 204 E 19TH STREET
City-State-Zip: PANAMA CITY FL 32405

Title MGR
Name FINLAW, ROBERT M
Address 204 E 19TH STREET
City-State-Zip: PANAMA CITY FL 32405

Title MGR
Name WELLS, CHRISTOPHER D
Address 204 E 19TH STREET
City-State-Zip: PANAMA CITY FL 32405

Title MANAGER
Name REDDY, SHILPA
Address 204 E 19TH STREET
City-State-Zip: PANAMA CITY FL 32405

Title MANAGER
Name CHING COMPANIONI, RAFAEL
Address 204 E 19TH STREET
City-State-Zip: PANAMA CITY FL 32405

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: CHRISTOPHER WELLS

MANAGER

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date