

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000068691

Entity Name: GI SURGICAL SPECIALISTS, PLLC

Current Principal Place of Business:

14090 METROPOLIS AVENUE
SUITE 102
FORT MYERS, FL 33912

Current Mailing Address:

GI SURGICAL SPECIALISTS, PLLC
PO BOX 2818
BONITA SPRINGS, FL 34133

FEI Number: 46-2750399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENK, PETER M
14090 METROPOLIS AVENUE
SUITE 102
FORT MYERS, FL 33912 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 MGR
Name DENK, PETER M
Address 4975 MEDERIA LN
City-State-Zip: ESTERO FL 33928

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: PETER MICHAEL DENK

OWNER

02/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date