

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000021668

**Entity Name:** CENTER FOR DIGESTIVE MEDICINE, PLLC

**Current Principal Place of Business:**

7887 N KENDALL DRIVE  
SUITE 101  
MIAMI, FL 33156

**Current Mailing Address:**

7887 N KENDALL DRIVE  
SUITE 101  
MIAMI, FL 33156

**FEI Number:** 47-3013835

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VICTOR M PINA MD, PA  
7887 N KENDALL DRIVE  
SUITE 101  
MIAMI, FL 33156 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	MBR	Title	MBR
Name	VICTOR PINA MD, PA	Name	MARK AVILA, MD PA
Address	7887 N KENDALL DRIVE SUITE 101	Address	7887 N KENDALL DRIVE SUITE 101
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

*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:** VICTOR M PINA

**OWNER**

**09/14/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date