

2024 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
Name VICTOR PINA MD, PA
Address 7887 N KENDALL DRIVE
SUITE 101
City-State-Zip: MIAMI FL 33156

Title MBR
Name GONZALEZ, GERMAN JR.
Address 7887 N KENDALL DRIVE
SUITE 101
City-State-Zip: MIAMI FL 33156

Title MBR
Name MARK AVILA, MD PA
Address 7887 N KENDALL DRIVE
SUITE 101
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

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date