### 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: SAMUEL ADAMS

### Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

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.

## Authorized Person(s) Detail :

-	Authorized Ferson(s) Detail .			
	Title	MGR	Title	MGR
	Name	NGUYEN, VIETDUNG H DR.	Name	JABBAR, HASEEB R DR.
	Address	2120 HILLCREST STREET	Address	2120 HILLCREST STREET
	City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
	Title	MGR		
	Name	ADAMS, SAMUEL DR.		
	Address	2120 HILLCREST STREET		
	Address City-State-Zip:	2120 HILLCREST STREET ORLANDO FL 32803		

# Name and Address of Current Registered Agent:

NGUYEN, VIETDUNG H DR. 2120 HILLCREST STREET ORLANDO, FL 32803 US

SIGNATURE:

2120 HILLCREST STREET ORLANDO, FL 32803

DOCUMENT# L16000055564

**Current Principal Place of Business:** 

2120 HILLCREST STREET

# FEI Number: 81-2293460

**Current Mailing Address:** 

ORLANDO, FL 32803 US

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: GAINESVILLE NOCTURNISTS ASSOCIATES, PLLC

Certificate of Status Desired: No

FILED Mar 20, 2022 Secretary of State 8781048974CC

> 03/20/2022 Date

Date

MGR