### 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.

MANAGER

#### SIGNATURE: MARK DOSCH

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000066677

Entity Name: FLORIDA GASTRO PARTNERS, LLC

#### **Current Principal Place of Business:**

1325 SOUTH CONGRESS AVE SUITE 211 BOYNTON BEACH, FL 33426

#### **Current Mailing Address:**

1325 SOUTH CONGRESS AVE SUITE 211 BOYNTON BEACH, FL 33426

#### FEI Number: 81-2118805

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

Electronic Signature of Registered Agent

DOSCH, MARK MD 1325 SOUTH CONGRESS AVE SUITE 211 BOYNTON BEACH, FL 33426 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:

# Authorized Person(s) Detail ·

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	DOSCH, MARK MD	Name	GACH, BARRY MD
Address	1325 SO. CONGRESS AVE #211	Address	1325 SO. CONGRESS AVE #211
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426

## FILED Mar 05, 2018 Secretary of State

# CC2077647546

Certificate of Status Desired: No

03/05/2018 Date

Date