

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000122801

**Entity Name:** WELLINGTON ENDOSCOPY CENTER, LLC

**Current Principal Place of Business:**

1157 SOUTH STATE RD 7  
WELLINGTON, FL 33414

**Current Mailing Address:**

1157 S STATE RD 7  
WELLINGTON, FL 33414 US

**FEI Number: 81-3254698**

**Certificate of Status Desired: No**

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

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: KATHERINE SCHNEIDER**

**07/26/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            SIMON, CAMILA  
Address        1157 SOUTH STATE RD 7  
City-State-Zip: WELLINGTON FL 33414

Title            CFO  
Name            TARBLE, BEN  
Address        1157 SOUTH STATE RD 7  
City-State-Zip: WELLINGTON FL 33414

Title            CLINICAL MANAGER  
Name            KONN, CINDY  
Address        1157 SOUTH STATE RD 7  
City-State-Zip: WELLINGTON FL 33414

*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: CAMILA SIMON**

**CEO**

**07/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date