

2024 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: Yes

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

01/26/2024

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

01/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date