#### 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.

PRESIDENT

SIGNATURE: BASHER M ATIQUZZAMAN

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	MGR
Name	ATIQUZZAMAN, BASHER M
Address	5418 OSPREY ISLE LANE
Citv-State-Zip:	ORANGE CITY FL 32819

## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000050681

### Entity Name: DIGESTIVE AND LIVER DISEASE INSTITUTE OF FLORIDA, LLC.

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

505 W OAK ST SUITE 202 KISSIMMEE, FL 34741

### **Current Mailing Address:**

5418 OSPREY ISLE LANE ORLANDO, FL 32819

#### FEI Number: 83-3826911

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

HAQUE, AMIN 7232 W SAND LAKE ROAD SUITE 205 ORLANDO, FL 32819 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

Title	MGR
Name	ATIQUZZAMAN, BASHER M
Address	5418 OSPREY ISLE LANE

NGE CI 32819 City-State-Zip. Or

Date

#### Certificate of Status Desired: No

Date

FILED Apr 27, 2022 Secretary of State 1991423886CC

04/27/2022