

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000069795

**Entity Name:** CHARLOTTE HARBOR GASTROENTEROLOGY, LLC

**Current Principal Place of Business:**

2811 TAMIAMI TRL  
STE I  
PORT CHARLOTTE, FL 33952-5135

**FILED**  
**Jan 12, 2022**  
**Secretary of State**  
**5163582064CC**

**Current Mailing Address:**

10920 TECHNOLOGY TERRACE  
LAKEWOOD RANCH, FL 34211 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

KHAZANCHI, ARUN M.D.  
10920 TECHNOLOGY TERRACE  
LAKEWOOD RANCH, FL 34211 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	AR	Title	PRESIDENT
Name	T.M. CHIU, CHARMAINE	Name	KHAZANCHI, ARUN
Address	10920 TECHNOLOGY TERRACE	Address	10920 TECHNOLOGY TER
City-State-Zip:	LAKEWOOD RANCH FL 34211	City-State-Zip:	BRADENTON FL 34211

*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: ARUN KHAZANCHI**

**PRESIDENT**

**01/12/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date