

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128338

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** LAKE GASTROENTEROLOGY ASSOCIATES, LLC

**Current Principal Place of Business:**

1703 MAYO DRIVE  
TAVARES, FL 32778

**New Principal Place of Business:**

1703 MAYO DRIVE  
TAVARES, FL 32778 US

**Current Mailing Address:**

PO BOX 1345  
MOUNT DORA, FL 32756

**New Mailing Address:**

PO BOX 1345  
MOUNT DORA, FL 32756 US

FEI Number: 27-4317031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CB&G SERVICES, INC.  
283 CRANES ROOST BLVD  
ALTAMONTE SPRINGS, FL 32701 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAMAIAH, BHARATHI MD  
Address: 1703 MAYO DRIVE  
City-St-Zip: TAVARES, FL 32778 US

Title: MGR  
Name: BASKAR, SOUNDARAPANDIAN , MD  
Address: 1703 MAYO DRIVE  
City-St-Zip: TAVARES, FL 32778 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SUNDARAPANDIAN BASKAR MD

MGR

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date