

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034315

**Entity Name:** GASTROENTEROLOGY AND NUTRITION OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

822 PERKINS ST.  
LEESBURG, FL 34748

**Current Mailing Address:**

1058 CEASARS COURT  
MOUNT DORA, FL 32757

**FEI Number: 20-4622819**

**Certificate of Status Desired: No**

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

GABRIEL, NEHME  
1058 CEASARS COURT  
MOUNT DORA, FL 32757 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 MGR  
Name GABRIEL, NEHME  
Address 1058 CEASARS COURT  
City-State-Zip: MOUNT DORA FL 32757

*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: NEHME GABRIEL

MGRM

02/09/2014

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

\_\_\_\_\_  
Date