

2015 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

03/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date