

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000128338

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

**Current Principal Place of Business:**

1858 MAYO DRIVE  
TAVARES FL 32778

**Current Mailing Address:**

PO BOX 1345  
MOUNT DORA, FL 32756 US

**FEI Number: 27-4317031**

**Certificate of Status Desired: No**

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

CB&G SERVICES, INC.  
283 CRANES ROOST BLVD  
ALTAMONTE SPRINGS, FL 32701 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 RAMAIAH, BHARATHI MD  
Address 1858 MAYO DRIVE  
City-State-Zip: TAVARES FL 32778

Title MGR  
Name BASKAR, SOUNDARAPANDIAN , MD  
Address 1858 MAYO DRIVE  
City-State-Zip: TAVARES FL 32778

*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: SOUNDARAPANDIAN BASKAR, M.D.**

**MGR**

**04/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date