


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F93486		
1. Entity Name MID-FLORIDA GASTROENTEROLOGY GROUP, P.A.		
Principal Place of Business 311 N MANGOUSTINE AVENUE PO BOX 1329 SANFORD, FL 32771		Mailing Address 311 N MANGOUSTINE AVENUE PO BOX 1329 SANFORD, FL 32771
DO NOT WRITE IN THIS SPACE		
01142008 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-2206347		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MALLAIAH MD, LENKALA R 311 NORTH MANGOUSTINE AVENUE SANFORD, FL 32771		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MALLAIAH, LENKALA R. 311 NORTH MANGOUSTINE AVENUE SANFORD, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/16/08</u> Daytime Phone # <u>407-321-4570</u>