

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93486

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** MID-FLORIDA GASTROENTEROLOGY GROUP, P.A.

**Current Principal Place of Business:**

311 N MANGOUSTINE AVENUE  
PO BOX 1329  
SANFORD, FL 32771

**New Principal Place of Business:**

311 N MANGOUSTINE AVENUE  
SANFORD, FL 32771

**Current Mailing Address:**

311 N MANGOUSTINE AVENUE  
PO BOX 1329  
SANFORD, FL 32771

**New Mailing Address:**

311 N MANGOUSTINE AVENUE  
SANFORD, FL 32771

**FEI Number:** 59-2206347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALLAIAH MD, LENKALA R  
311 NORTH MANGOUSTINE AVENUE  
SANFORD, FL 32771 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MALLAIAH, LENKALA R.  
Address: 311 NORTH MANGOUSTINE AVENUE  
City-St-Zip: SANFORD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENKALA MALLAIAH

PTD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date