

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021709 1. Entity Name GASTRO-INTESTINAL CONSULTANTS OF CENTRAL FLORIDA, LLC	
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Principal Place of Business 2060 N. DONNELLY ST. MOUNT DORA, FL 32757 US	Mailing Address PO BOX 1077 MOUNT DORA, FL 32756 US
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DO NOT WRITE IN THIS SPACE



03282006 No Chg-LLC CR2E063 (11/05)

4. FEI Number 80-0006481	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEISER, CHERI
206 N. 3RD ST.
LEESBURG, FL 34748**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

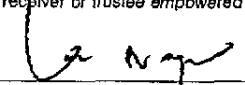
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAGABHAIRU, LALBAHADUS 2060 N DONNELLY ST MT DORA, FL 32757
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05/12/06-80015-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/06 **352-383-7703**
Date Daytime Phone #