

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90039 002 ***138.75



DOCUMENT # L01000021709

1. Entity Name
GASTRO-INTESTINAL CONSULTANTS OF CENTRAL FLORIDA, LLC

Principal Place of Business Mailing Address
2060 N. DONNELLY ST. PO BOX 1077
MOUNT DORA, FL 32757 US MOUNT DORA, FL 32756 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
80-0006481 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAGABHAIRU, LALBAHADUR
2060 N DONNELLY ST
MOUNT DORA, FL 32757

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
MGR NAGABHAIRU, LALBAHADUR	2060 N DONNELLY ST MT DORA, FL 32757		
		MGR BHARATHI RAMAIAH	3024 PALEOMO COURT MOUNT DORA, FL 32757
		MGR SOUNDARAPANDIAN BASKAR	2402 E. MOONLIGHT LANE EUSTIS, FL 32726

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 608, Florida Statutes.

SIGNATURE: *[Signature]* **4/30/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #