2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085951

2880 S.OSCEOLA AVE

City-St-Zip: ORLANDO, FL 32806

Address:

Entity Name: GASTROENTEROLOGY AND NUTRITION SPECIALISTS, LLC

FILED May 01, 2006 Secretary of State

| Current Principal Place of Business: | | New Principal Pla | New Principal Place of Business: | |
|---|--|---|---|--|
| | SCEOLA AVE D., FL 32806 | | | |
| Current Mailing Address: | | New Mailing Addr | New Mailing Address: | |
| | SCEOLA AVE D., FL 32806 | | | |
| In accordan | : 20-1933579 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability o | | tice. | |
| Name and | Address of Current Registered Agent: | Name and Addres | s of New Registered Agent: | |
| 2880 S.OS | DIN, MUHAMMAD A M.D. SCEOLA AVE D, FL 32806 US | | | |
| | named entity submits this statement for the e of Florida. | e purpose of changing its registe | ered office or registered agent, or both, | |
| SIGNATUI | RE: | | | |
| | Electronic Signature of Registered A | Agent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete MOHIUDDIN, MUHAMMAD A M.D. 2880 S.OSCEOLA AVE ORLANDO, FL 32806 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | MGR () Delete MOHIUDDIN, FARHEEN | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MUHAMMAD A. MOHIUDDIN, M.D. MGRM 05/01/2006