

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000085951</b>	
1. Entity Name <b>GASTROENTEROLOGY AND NUTRITION SPECIALISTS, LLC</b>	
Principal Place of Business <b>2880 S.OSCEOLA AVE ORLANDO,, FL 32806</b>	Mailing Address <b>2880 S.OSCEOLA AVE ORLANDO,, FL 32806</b>



03122008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1933579</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**MOHIUDDIN, MUHAMMAD A M.D.  
2880 S.OSCEOLA AVE  
ORLANDO, FL 32806**

**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 \_\_\_\_\_ 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**

000000906779  
05/05/08-80012-003 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOHIUDDIN, MUHAMMAD A M.D. 2880 S.OSCEOLA AVE ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MOHIUDDIN, FARHEEN 2880 S.OSCEOLA AVE ORLANDO, FL 32806</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 608, Florida Statutes

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

**4/15/08**

Date

Daytime Phone #