

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085951

FILED
Apr 21, 2009
Secretary of State

Entity Name: GASTROENTEROLOGY AND NUTRITION SPECIALISTS, LLC

Current Principal Place of Business:

2880 S.OSCEOLA AVE
ORLANDO,, FL 32806

New Principal Place of Business:

2880 S.OSCEOLA AVE
ORLANDO,, FL 32806 US

Current Mailing Address:

2880 S.OSCEOLA AVE
ORLANDO,, FL 32806

New Mailing Address:

2880 S.OSCEOLA AVE
ORLANDO,, FL 32806 US

FEI Number: 20-1933579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOHIUDDIN, MUHAMMAD A M.D.
Address: 2880 S.OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: MOHIUDDIN, FARHEEN
Address: 2880 S.OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOHIUDDIN, MUHAMMAD A M.D.
Address: 2880 S.OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806 US

Title: MGR (X) Change () Addition
Name: MOHIUDDIN, FARHEEN
Address: 2880 S.OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806 US

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 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

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date