

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034315

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** GASTROENTEROLOGY AND NUTRITION OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1058 CEASARS COURT  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

822 PERKINS ST.  
LEESBURG, FL 34748

**Current Mailing Address:**

1058 CEASARS COURT  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 20-4622819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GABRIEL, NEHME  
1058 CEASARS COURT  
MOUNT DORA, FL 32757 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: MGR  
Name: GABRIEL, NEHME  
Address: 1058 CEASARS COURT  
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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: NG

MGRM

01/04/2012

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