

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099577

FILED
Apr 29, 2009
Secretary of State

Entity Name: MID-FLORIDA GASTROENTEROLOGY CONSULTANTS, LLC

Current Principal Place of Business:

10000 WEST COLONIAL DR.
SUITE 389
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

10000 WEST COLONIAL DR.
SUITE 389
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 20-5689196 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MASTALI, MOHAMMAD R
10000 WEST COLONIAL DR.
SUITE 389
OCOEE, FL 34761 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: MASTALI, MOHAMMAD R
Address: 10000 WEST COLONIAL DR. SUITE 389
City-St-Zip: OCOEE, FL 34761 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MOHAMMAD R. MASTALI MGRM 04/29/2009

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