

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099577

**FILED  
Apr 03, 2011  
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 ( )**

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

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: MOHAMMAD R. MASTALI      DR.      04/03/2011

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