# above, or on an attachment with all other like empowered.

#### SIGNATURE: LENKALA MALLAIAH

Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F93486

#### Entity Name: MID-FLORIDA GASTROENTEROLOGY GROUP, P.A.

#### **Current Principal Place of Business:**

**311 N MANGOUSTINE AVENUE** SANFORD, FL 32771

## **Current Mailing Address:**

**311 N MANGOUSTINE AVENUE** SANFORD, FL 32771

### FEI Number: 59-2206347

## Name and Address of Current Registered Agent:

MALLAIAH MD, LENKALA R 311 NORTH MANGOUSTINE AVENUE SANFORD, FL 32771 US

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

### **Officer/Director Detail :**

Title	PTD	Title	SECRETARY
Name	MALLAIAH, LENKALA R.	Name	MALLAIAH, CHERYL
Address	311 NORTH MANGOUSTINE AVENUE	Address	311 N MANGOUSTINE AVENUE
City-State-Zip:	SANFORD FL	City-State-Zip:	SANFORD FL 32771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

PTD

04/03/2014 Date

FILED Apr 03, 2014 Secretary of State CC3759754265

Certificate of Status Desired: No

Date