

**2015 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            SECRETARY  
Name            MALLAIAH, CHERYL  
Address        311 N MANGOUSTINE AVENUE  
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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LENKALA MALLAIAH

**PRESIDENT**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date