

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165886

**Entity Name:** SOUTH LAKE GASTROENTEROLOGY, INC.

**Current Principal Place of Business:**

2319 SOUTH LAKE SHORE DR  
CLERMONT, FL 34711

**Current Mailing Address:**

PO BOX 120930  
CLERMONT, FL 34712-0930

**FEI Number:** 20-4102308

**Certificate of Status Desired:** No

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

ABUKHADRAH, RAJAB  
2319 SOUTH LAKE SHORE DR  
CLERMONT, FL 34711 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 VP  
Name ALBEK, ARWA  
Address 2040 OAKLEY SEAVER DR.  
City-State-Zip: CLERMONT FL 34711

Title P  
Name ABU KHADRAH, RAJAB K DR.  
Address 2040 OAKLEY SEAVER DR.  
City-State-Zip: CLERMONT FL 34711

Title D  
Name ABUKHADRAH, RAJAB  
Address 2319 S LAKE SHORE DR  
City-State-Zip: CLERMONT FL 34711

*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:** RAJAB K ABUKHADRAH, MD

**PRESIDENT**

**03/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date