

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021709

**Entity Name:** GASTRO-INTESTINAL CONSULTANTS OF CENTRAL FLORIDA, LLC

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC9064567331**

**Current Principal Place of Business:**

2134 VINDALE ROAD  
TAVARES, FL 32778

**Current Mailing Address:**

2134 VINDALE ROAD  
TAVARES, FL 32778 US

**FEI Number: 80-0006481**

**Certificate of Status Desired: No**

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

NAGABHAIRU, LALBAHADUR  
2134 VINDALE ROAD  
TAVARES, FL 32778 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

**Authorized Person(s) Detail :**

Title MGR  
Name NAGABHAIRU, LALBAHADUR  
Address 2134 VINDALE ROAD  
City-State-Zip: TAVARES FL 32778

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 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; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: LALBAHADUR NAGABHAIRU**

**MGR**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date