

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099577

**Entity Name:** MID-FLORIDA GASTROENTEROLOGY CONSULTANTS, LLC

**Current Principal Place of Business:**

10000 WEST COLONIAL DR.  
SUITE 389  
OCOE, FL 34761

**Current Mailing Address:**

10000 WEST COLONIAL DR.  
SUITE 389  
OCOE, FL 34761 US

**FEI Number:** 20-5689196

**Certificate of Status Desired:** No

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

MASTALI, MOHAMMAD R  
10000 WEST COLONIAL DR.  
SUITE 389  
OCOE, FL 34761 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 MGRM  
Name MASTALI, MOHAMMAD R  
Address 10000 WEST COLONIAL DR. SUITE  
389  
City-State-Zip: OCOE FL 34761

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

**SIGNATURE:** MOHAMMAD R MASTALI

**PRESIDENT**

**04/15/2015**

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

\_\_\_\_\_  
Date