

G03318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

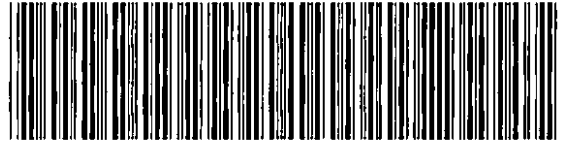
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

NOV - 9 2023

Office Use Only



400418156514

10/30/23--01014--005 **25.00

23 OCT 31 04 12:51

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gastroenterology Consultants, P.A.
(Name of Corporation)

DOCUMENT NUMBER: G03318

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arun K. Dhand, M.D.
(Name of Person)

Gastroenterology Consultants, P.A.
(Name of Firm/Company)

507 N. Beach St.
(Address)

Ormond Beach, FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

W.D. Harper, CPA at (386) 451-5977
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mark A. Riner, M.D., hereby resign as Vice President
(Title)

of Gastroenterology Consultants, P.A.
(Name of Corporation)

G03318, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

M Riner MD 10-12-2023
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314