## 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: STEVEN KRUMHOLZ

## SIGNATURE:

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

## **Officer/Director Detail :**

DOCUMENT# H79206

2001 NORTH FLAGLER DRIVE WEST PALM BEACH. FL 33407

**Current Mailing Address:** 

FEI Number: 59-2580907

KRUMHOLZ, STEVEN 2001 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407 US

2001 NORTH FLAGLER DRIVE WEST PALM BEACH. FL 33407

**Current Principal Place of Business:** 

Title	Р
Name	KRUMHOLZ, STEVEN
Address	2001 NORTH FLAGLER DRIVE
City-State-Zip:	WEST PALM BEACH FL 33407

Entity Name: GASTROENTEROLOGY GROUP OF THE PALM BEACHES, P.A.

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.

Certificate of Status Desired: No

Date

03/09/2022 Date

FILED Mar 09, 2022 Secretary of State 3763160556CC

Electronic Signature of Signing Officer/Director Detail

PRESIDENT