

A1000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

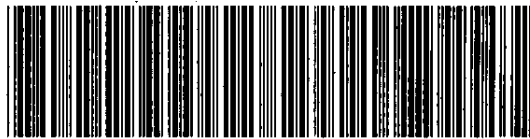
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 16 PM 1:40

T. HAMPTON
JUN 17 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF COAST OBSTETRICS & GYNECOLOGY, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A010DDDDDD0029

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DODIE VAN ZEYL

Contact Person

GULF COAST OBSTETRICS & GYNECOLOGY, LTD

Firm/Company

5741 BEE RIDGE RD STE 390

Address

SARASOTA, FL 34233

City, State and Zip Code

dvzced@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DODIE VAN ZEYL

Name of Contact Person

at (941) 379-6331 x125

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 16 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 21, 2010

DODIE VANZEYL
5741 BEE RIDGE RD
390
SARASOTA, FL 34233

SUBJECT: GULF COAST OBSTETRICS & GYNECOLOGY, LTD.
Ref. Number: A01000000029

We have received your document for GULF COAST OBSTETRICS & GYNECOLOGY, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00012953

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GULF COAST OBSTETRICS & GYNECOLOGY, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1-5-01
Date of filing/registration in Florida

3. AD10000000029
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOHN NAPOLITANO, ESQ
Name
100 WALLACE AVE STE 240
Address
SARASOTA, FL 34237
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

KEN DOERR
Name
22 SOUTH LINKS AVE STE 300
Florida street address (P.O. Box not acceptable)
SARASOTA FL 34236
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State:

[Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 16 PM 1:40