T-158

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

BOCA RATON GASTROENTEROLOGY ASSOCIATES, P.A.

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Transmittal Cover Sheet

TO

FLORIDA DEPT. OF STATE

Company

DIVISION OF CORPORATIONS

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FROM

DAWN M. KAMPERSAL, LEGAL ASSISTANT

File Number

44669-010000

Comments

Date

January 23, 2004

Time

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Fax Audit No. H04000016863 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

CORPORATIONS
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change it submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the corporation: BOCA RATON GASTROENTEROLOGY ASSOCIATES, P.A.
2. The principal office address: 9960 Central Park Boulevard, Suite 302, Boca Raton, FL 33428
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/24/1986 Document number: J48762
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
NRAI Services, Inc.
526 E. Park Avenue
Taliahassee, FL 32301
526 E. Park Avenue Tallahassee, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Kenneth R. Rosenthal, M.D.
Kenneth R. Rosenthal, M.D.
9960 Central Park Blvd, Suite 302
(P.O. Box ex personal mailbox NOT acceptable)
Boca Reton, FL 33428
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Kenneth R. Rosenthal, President (Signature of an emission of director) Kenneth R. Rosenthal, President (President typed name with this)
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 and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
1 Lemos n. Nevertet und 1/23/04
(Signature of Registered Agem) (Date)
If signing on behalf of an entity:
(Typed or Fringed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314