

J48762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

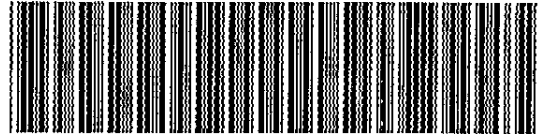
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA/R0/change  
①a 11/24/03



TRIAD PROFESSIONAL SERVICES, LLC

The Forum  
3290 Northside Parkway, Suite 400  
Atlanta, Georgia 30327

T 678.553.2300  
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[www.triadpros.com](http://www.triadpros.com)

November 14, 2003

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

**RE: Statement of Change of Registered Agent of Boca Raton Gastroenterology Associates,  
P.A.**

Dear Sir/Madam:

Enclosed for filing with the Department of State is a Statement of Change of Registered Agent for the above-referenced entity, together with our check in the amount of \$35.00 in payment of the filing fee.

Please return a date-stamped copy of the enclosed form to my attention. I have provided a duplicate copy, as well as a self-addressed, stamped envelope for your convenience in doing so.

If you have any questions, please contact the undersigned. Thank you.

Sincerely yours,

  
Sharon M. Knox  
Client Services Specialist

Enclosure

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TALLAHASSEE, FLORIDA

**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 is 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.

1. 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:

Marvin A. Kiraner

2225 Glades Road, Suite 419

Boca Raton, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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  
(Signature of an officer or director)

Kenneth R. Rosenthal, President

(Printed or typed name and title)

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.

NRAI Services, Inc.

by: Sharon M. Knox

(Signature of Registered Agent)

11/14/03

(Date)

If signing on behalf of an entity:

Sharon M. Knox

(Typed or Printed Name)

Assistant Secretary

(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

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TALLAHASSEE, FLORIDA