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W4-24434
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LAURA.RUMMANS@RUDEN.COM

March 24, 2005

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

**Re: Statement of Change of Registered Agent
regarding Gastroenterology & Liver Consultants, P.L.**

Dear Sir or Madam:

Enclosed please find my client's Statement of Change regarding Registered Agent along with the filing fees of \$25.00. You will also find a copy of this document which I would ask that you stamp as received by your office and return to me in the enclosed self-addressed, stamped envelope. If additional information is required, please do not hesitate to contact us.

Thank you in advance for your cooperation and prompt attention to this matter.

Best regards,

A handwritten signature in cursive script, appearing to read "Laura L. Rummans".

Laura L. Rummans

LLR/wg
Enclosures

cc: Felix Navarro, M.D.

2005 MAR 28 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Gastroenterology & Liver Consultants, P.L.
2. The mailing address of the limited liability company is : 1403 Medical Plaza Drive, Ste. 206
Sanford, Florida 32771

<u>03/30/2004</u>	<u>L04000024434</u>
3. Date of filing/registration in Florida	4. Document number

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

Rutherford Mulhall, P.A.
Name
2600 N. Military Trail, 4th Floor
Address
Boca Raton, Florida 33431
City, State and Zip

6. The name and address of the new registered agent and/or office:

Felix A. Navarro, Jr., M.D.
 1403 Medical Plaza Dr., Suite 206
 Florida street address (P.O. Box **NOT** acceptable)
 Sanford FL 32771
 City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Felix A. Navarro, Jr., M.D.

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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