

L10000026757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

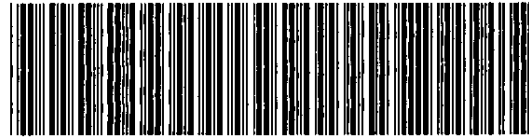
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** North County Center for Digestive Health, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Lyle Silver

Name of Person

GastroCare, LLP d/b/a Digestive CARE

Firm/Company

5431 N. University Dr.

Address

Coral Springs, FL 33067

City/State and Zip Code

Controller@digestivecareonline.com

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

For further information concerning this matter, please call:

Lyle Silver

Name of Person

at ( 954 ) 344-2522 x 305

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: North County Center for Digestive Health

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1002 S. Old Dixie Hwy  
Ste. 201  
Jupiter, FL 33485

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Same

3/10/10  
3. Date of filing/registration in Florida

L10000026757  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Sheldon J. Taub, M.D.

Registered Office Address:

1002 S. Old Dixie Hwy  
Ste. 201  
Jupiter, FL 33485

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Mitchell S. Flaxman, M.D.

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1002 S. Old Dixie Hwy  
Ste. 201  
Jupiter, FL 33485

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.

Mitchell S. Flaxman, M.D.  
Signature of a member or authorized representative of a member

Mitchell S. Flaxman, M.D.  
Printed or typed name of signer

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.

Mitchell S. Flaxman, M.D.  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

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SECRETARY OF STATE