

L141000091084

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2017 MAY 26 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 31 2017
J. HARRIS

COVER LETTER

*SWEET
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TO: Registration Section
Division of Corporations

SUBJECT: GASTROENTEROLOGY CONSULTANTS OF STUART, 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

Firm/Company

5431 N UNIVERSITY DRIVE

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

at (954) 344-2522 ext 305

Name of Person

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 605.0114 or 605.0116, 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: GASTROENTEROLOGY CONSULTANTS OF STUART, LLC

2. (a) 1050 SE MONTEREY ROAD, SUITE 202 (b) 5431 N UNIVERSITY DRIVE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

STUART, FL 34994

CORAL SPRINGS, FL 33067

06/02/2014

L14000091084

3. Date of filing/registration in Florida 4. Document number

5. (a) BASKIN, GORDON MD
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5431 N UNIVERSITY DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL SPRINGS, FL 33067

(b) MAUNUS, HOWARD MD
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1141 SE Indian Street, Suite 102

NEW Registered Office Address:

Stuart, FL 34997-5688

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]
Signature of a member or authorized representative of a member

LYLE SILVER
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 605, 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]
Signature of Registered Agent

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

DNHS18 (2/14)

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TALLAHASSEE FLORIDA

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