

P03000008675²

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022877772

09/16/03--01004--001 **35.00

FILED
03 SEP 15 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

R/O Chg.
Jgm
9/19/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Gynecologist, PA
(Name of corporation)
DOCUMENT NUMBER: PO 3000086753

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie Leibensperger DO
(Name of person)

My Gynecologist
(Name of firm/company)

16441 Quality Dr. Suite 304
(Address)

Spring Hill, FL 34609
(City/state and zip code)

For further information concerning this matter, please call:

Natalie Leibensperger at (352) 428-8964
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: My Gynecologist, PA
2. The principal office address: 10441 Quality Dr. Suite 304
Spring Hill FL 34609
3. The mailing address (if different): _____
4. Date of incorporation/qualification: August 7, 2003 Document number: PD3000086753

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Natalie Leibensperger
55 Ponce De Leon Blvd
Brooksville, FL 34601

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

Natalie Leibensperger, DO
10441 Quality Dr. Suite 304
Spring Hill, FL 34609

FILED
03 SEP 15 AM 11:18
REAR OF STATE
TALLAHASSEE, FLORIDA

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.

Natalie Leibensperger
(Signature of an officer, chairman or vice chairman of the board)

Natalie Leibensperger, Director
(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.

By: Natalie Leibensperger
(Signature of Registered Agent)

9/10/03
(Date)

If signing on behalf of an entity:

Natalie Leibensperger DO
(Typed or Printed Name)

Director / President
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314