

P04000013747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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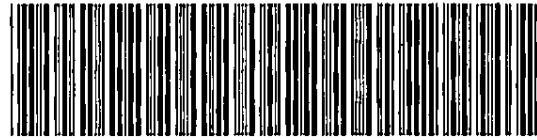
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

NOV 5 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: T. S. GREWAL, M.D., P.A.  
Name of Corporation

DOCUMENT NUMBER: P 04000013747

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:

TEJINDER S. GREWAL

Name of Contact Person

T. S. GREWAL, M.D., P.A.

Firm/Company

1416 LANGHAM TERRACE

Address

LAKE MARY, FL. 32746

City/State and Zip Code

TS MK GREWAL @ YAHOO.COM

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

For further information concerning this matter, please call:

TEJINDER S. GREWAL

Name of Contact Person

at ( 407 ) 804 8754  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: T. S. GREWAL, M.D., P.A.
2. The principal office address: 1416 LANGHAM TERRACE  
LAKE MARY, FLORIDA 32746
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: JAN 15, 2004 Document number: P04000013747
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD #250  
PLANTATION, FL 33324

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

TEJINDER S. GREWAL  
1416 LANGHAM TERRACE  
P.O. Box NOT acceptable  
LAKE MARY, FL 32746

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FILING

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.

Tejinder S Grewal  
Signature of an officer or director

TEJINDER S GREWAL  
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.*

Tejinder S Grewal  
Signature of Registered Agent

10/30/2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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