

P070000084014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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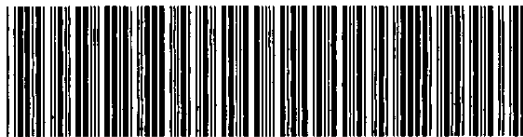
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUN 12 2008

MICHAEL R. LOWE, P.A.

Michael R. Lowe, Esq.  
Board Certified Health Law Attorney

June 9, 2008

**VIA FEDERAL EXPRESS**

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

**Re: Change of Registered Office and Registered Agent:  
GTS Medical Services, P.A.  
Document No. P07000084014  
Our File No. 0373-01**

Dear Sir or Madam:

Enclosed please find the original Statement of Change of Registered Office and Registered Agent for Corporations for GTS Medical Services, P.A., Document No. P07000084014. I am requesting that the Florida Division of Corporations file the enclosed Statement of Change of Registered Office and Registered Agent for Corporations upon receipt.

Also enclosed is a check in the amount of \$35.00 for the filing fee.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,



Anna T. Spencer

Enclosure

cc: Roger W. Spencer, M.D. (w/enclosures)



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GTS Medical Services, P.A.

(Name of Corporation)

**DOCUMENT NUMBER:** P07000084014

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:

Roger W. Spencer, M.D.

(Name of Contact Person)

GTS Medical Services, P.A.

(Firm/Company)

11155 SE Sunset Harbor Road

(Address)

Summerfield, Florida 34491

(City/State and Zip Code)

For further information concerning this matter, please call:

Roger W. Spencer, M.D.

(Name of Contact Person)

at ( 352 ) 267-9170

(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: GTS Medical Services, P.A.
2. The principal office address: 11155 SE Sunset Harbor Road, Summerfield, Florida 34491
3. The mailing address (if different): 11155 SE Sunset Harbor Road, Summerfield, Florida 34491
4. Date of incorporation/qualification: 07/25/2007 Document number: P07000084014
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Belinda Stratton

132 Benmore Drive

Winter Park, Florida 32792

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

Maryanne Spencer

11155 SE Sunset Harbor Road

(P.O. Box NOT acceptable)

Summerfield, Florida 34491

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

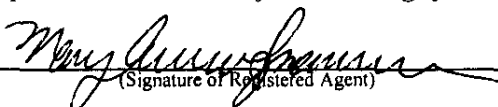
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

Roger W. Spencer, M.D.  
(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.*

  
(Signature of Registered Agent)

06/09/08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)