

PO8000106190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

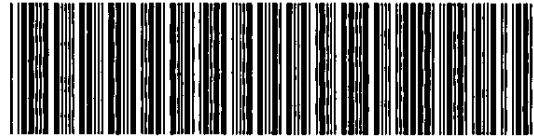
(Business Entity Name)

(Document Number)

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APR 14 2014
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14 APR -7 PM 2:32
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Gastroenterology, PA
Name of Corporation

DOCUMENT NUMBER: ~~G09000143631~~ P08000106190

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:

Dawn Frazier
Name of Contact Person

Total Gastroenterology, PA
Firm/Company

7441 US Hwy 27N
Address

Sebring, FL 33870
City/State and Zip Code

totalgastroenterology@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Frazier at (863) 382-0385
Name of Contact 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
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Total Gastroenterology, PA
2. The principal office address: 7441 US Hwy 27 N
Sebring, FL 33870
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/7/09 Document number: P08000106190
G09000143631

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)

Total Gastroenterology, PA
Bahram Ahmadi
4233 Sun n Lake Blvd
Sebring, FL 33872

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

Total Gastroenterology, PA
Bahram Ahmadi
7441 US Hwy 27 N
Sebring, FL 33870

P.O. Box NOT acceptable

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.

B. A. [Signature]
Signature of an officer or director

Bahram Ahmadi
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.

B. A. [Signature]
Signature of Registered Agent

3/28/14
Date

If signing on behalf of an entity:

Bahram Ahmadi
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 (03/12)

FILED
14 APR - 7 PM 2:22
TALLAHASSEE, FLORIDA

Total Gastroenterology, P.A.

Bahram Ahmadi, M.D.
Board Certified in Gastroenterology

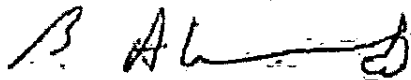
March 25, 2014

To Whom It May Concern:

Please update the address for Total Gastroenterology, PA for the owner Bahram Ahmadi from 4233 Sun
n Lake Blvd, Sebring, FL 33872 to 7441 US Hwy 27 N, Sebring, FL 33870.

If you have any further questions, please feel free to contact me.

Thank you,



Bahram Ahmadi, MD