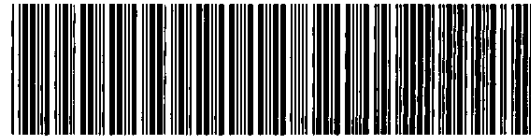


PII 000040574



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2011

GADITH GABEL  
GADITH GABEL, M.D., P.A.  
11903 FOX HILL CIRCLE  
BOYNTON BEACH, FL 33473

SUBJECT: GADITH GABEL, M.D., P.A.  
Ref. Number: P11000040574

We have received your document for GADITH GABEL, M.D., P.A. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A FLORIDA CORPORATION AND THE FORM SUBMITTED IS FOR A LIMITED LIABILITY COMPANY, ENCLOSED IS THE CORRECT FORM. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 911A00018557

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gadith Gabel MD PA  
Name of Corporation

**DOCUMENT NUMBER:** P11000040574

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:

Gadith Gabel

Name of Contact Person

Gadith Gabel MD PA

Firm/Company

11903 Fox Hill Circle

Address

Boynton Beach Florida 33473

City/State and Zip Code

mikegabel@aol.com

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

For further information concerning this matter, please call:

Michael Gabel

Name of Contact Person

at ( 516 ) 507 0404

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: Gadith Gabel MD PA
2. The principal office address: 11903 Fox Hill Circle  
Boynton Beach FL 33473
3. The mailing address (if different): φ
4. Date of incorporation/qualification: 4/26/11 Document number: P11000040574

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)

The Medi-Law Firm  
2100 Ponce De Leon Blvd Suite 1000  
Coral Gables FL 33134

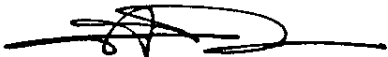
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gadith Gabel  
11903 Fox Hill Circle  
P.O. Box NOT acceptable  
Boynton Beach FL 33473

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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

Gadith Gabel Owner  
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

8/18/11  
Date

If signing on behalf of an entity:

φ  
Typed or Printed Name

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