

P11000080002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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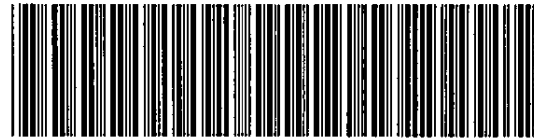
(Business Entity Name)

(Document Number)

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JUN 07 2017

R. WHITE

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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: Gastroenterology Consultants C.F.L. PA
2. The principal office address: 7328 Stonerock Circle
Orlando FL 32819
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9-29-2011 Document number: P11000086002
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)

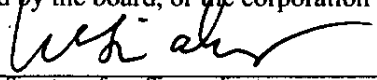
NASIM Ahmed
3000 N. Orange Ave Suite D
Orlando FL 32804

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

NASIM Ahmed
7328 Stonerock Circle
P.O. Box NOT acceptable
Orlando FL 32819

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

NASIM AHMED MD
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

May 23, 2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gastroenterology Consultants CFL PA
Name of Corporation

DOCUMENT NUMBER: P11000086002

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:

NASIM Ahmed
Name of Contact Person

Gastroenterology Consultants CFL PA
Firm/Company

7328 Stonerock Circle
Address

Orlando, FL 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

Gretchen Hahn at (407) 292-1414
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