

P93000049631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

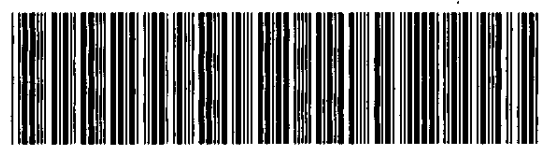
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARY W. EASTERLING MD. PA
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: P93000049631

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DODIE VAN ZEYL
Contact Person

GARY W. EASTERLING, MD PA
Firm/Company

5741 BEE RIDGE RD STE 390
Address

SARASOTA FL 34233
City, State and Zip Code

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

For further information concerning this matter, please call:

DODIE VAN ZEYL at (941) 379-6331 X 125
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GARY W. EASTERLING, MD PA
Name of Corporation

DOCUMENT NUMBER: P93000049631

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:

DODIE VAN ZEYL

Name of Contact Person

GARY W. EASTERLING, MD PA

Firm/Company

5741 BEE RIDGE RD #390

Address

SARASOTA FL 34233

City/State and Zip Code

dvzced@aol.com

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

For further information concerning this matter, please call:

DODIE VAN ZEYL

Name of Contact Person

at (941) 379-6331 x125

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: GARY W. EASTERLING MD PA
2. The principal office address: 5741 BEE RIDGE RD #390
SARASOTA, FL 34233
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7-15-93 Document number: P93000049631

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) _____

JOHN E NAPOLITANO PA
100 WALLACE AVE STE 240
SARASOTA FL 34237-6042

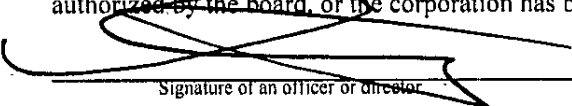
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KEN DOERR
22 SOUTH LINKS AVE STE 300
P.O. Box NOT acceptable
SARASOTA, FL 34236

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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

GARY W. EASTERLING
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.

Kenneth D. Doerr
Signature of Registered Agent

6/14/10
Date

If signing on behalf of an entity:

Kenneth D. Doerr

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