

# P94000083883

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6380

From: Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM  
Account Number : I20000000056  
Phone : (407) 331-6620  
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DIVISION OF CORPORATIONS  
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## REGISTERED AGENT CHANGE METROPOLITAN NEUROLOGY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

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Aug. 20. 2016 12:31PM

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Metropolitan Neurology, Inc.
2. The principal office address: 10151 Enterprise Center Blvd., Suite 104  
Boynton Beach, FL 33437
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 11/14/1994 Document number: P94000083883

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)

Gabriella Gerstle

10151 Enterprise Center Blvd., Suite 104

Boynton Beach, FL 33437

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

Michael L. Smith

1101 Douglas Avenue

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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

Gabriella Gerstle, President

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

Aug 19, 2016  
Date

If signing on behalf of an entity:

Michael L Smith  
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  
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