

05/09/2019 1:50PM FAX
5/9/2019

0001/0003

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : GASSMAN, CROTTY & DENICOLO, P.A.
Account Number : 075350000514
Phone : (727)442-1200
Fax Number : (727)443-5829

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE

**GASTROENTEROLOGY CONSULTANTS OF CENTRAL FLORIDA,
P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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STATE OF FLORIDA
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gastroenterology Consultants of Central Florida, P.A.
Name of Corporation

DOCUMENT NUMBER: P96000056710

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:

Alan S. Gassman, Esquire

Name of Contact Person

Gassman, Crotty & Denicolo, P.A.

Firm/Company

1245 Court Street

Address

Clearwater, FL 33756

City/State and Zip Code

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

For further information concerning this matter, please call:

Carla Guidry

Name of Contact Person

at (**727**) **442-1200 x247**

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

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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: Gastroenterology Consultants of Central Florida, P.A.
2. The principal office address: 10800 Dylan Loren Circle, Ste. 102, Orlando, FL 32825
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/05/1996 Document number: P96000056710

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)

Ivan M. Lefkowitz

430 North Mills Avenue

Orlando, FL 32803

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

Alan S. Gassman

1245 Court Street

P.O. Box NOT acceptable

Clearwater, FL 33756

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

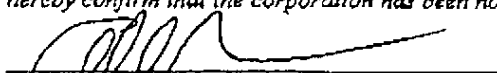
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Keith Moore, 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

MAY 7, 2019
Date

If signing on behalf of an entity:

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