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05-18-2000 90333 040 \*\*\*150.00

**GADSDEN FAMILY CLINIC, P.A.**

[illegible]

DO NOT WRITE IN THIS SPACE

4. FEI Number	65-3411663	Applied For
		Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Date \_\_\_\_\_

Daytime Phone #