

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

Account Name : BROAD AND CASSEL - MIAMI OFFICE  
Account Number : I20100000075  
Phone : (305) 373-9419  
Fax Number : (305) 373-9443

APR 11 2016

R. WHITE

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

Email Address: Urb5801@yahoo.com

REGISTERED AGENT CHANGE

SOUTH FLORIDA GASTROENTEROLOGY ASSOCIATES, P.A.

Certificate of Status	0
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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: South Florida Gastroenterology Associates, P.A.  
2. The principal office address: 6944 Lake Worth Road, Lake Worth, Florida 33467  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/07/1997 Document number: P97000021204  
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)

B & C Corporate Services, Inc.  
One Biscayne Tower, 21st Floor, 2 South Biscayne Blvd.  
Miami, Florida 33131

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

Michael Urban, M.D.  
6944 Lake Worth Road  
P.O. Box NOT acceptable  
Lake Worth, Florida 33467

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

Michael Urban, M.D.  
\_\_\_\_\_  
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

Michael Urban, M.D.  
\_\_\_\_\_  
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  
CR2R045 (03/12)

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