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R. WHITE

NOV 30 2017

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17 NOV 29 AM 11:38
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2017

ALPHONSO A BELSITO MD
213 COSMOPOLITAN CT
SARASOTA, FL 34236-6894

SUBJECT: BRADENTON GASTROENTEROLOGY, P.A.
Ref. Number: S98806

We have received your document for BRADENTON GASTROENTEROLOGY, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 617A00021450

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DIVISION OF CORPORATIONS
STATE OF FLORIDA
TALLAHASSEE, FL 32399-0001

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bradenton Gastroenterology, P.A.
Name of Corporation

DOCUMENT NUMBER: 598806

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:

Alphonso A. Belsito, MD
Name of Contact Person

Bradenton Gastroenterology, P.A.
Firm/Company

213 Cosmopolitan Ct.
Address

Sarasota, FL 34236
City/State and Zip Code

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

For further information concerning this matter, please call:

Brenda C. Belsito at (941) 345-6574
Name of Contact Person 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: Bradenton Gastroenterology, P.A.
2. The principal office address: 213 Cosmopolitan Ct.
Sarasota, FL 34236
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/9/91, 12/5/91 Document number: 598806

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)

Alphonso A. Belsito, MD
7414 - 7th Avenue, NW
Bradenton, FL 34209

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

Alphonso A. Belsito, MD
213 Cosmopolitan Ct.
Sarasota, FL 34236

H.O. Box NOT acceptable

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.

Brenda C. Belsito
Signature of an officer or director

VP, Secretary
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.

Alphonso A. Belsito
Signature of Registered Agent

November 21, 2017
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

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17 NOV 29 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA