

584473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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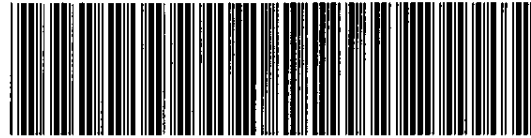
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: D. LORNE TOMALTY, D.D.S., P.A.  
Name of Corporation

DOCUMENT NUMBER: 584473

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:

D. LORNE TOMALTY  
Name of Contact Person

TOMALTY DENTAL CARE  
Firm/Company

5213 PRINCETON WAY  
Address

BOCA RATON, FL 33496  
City/State and Zip Code

tommu9000@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. LORNE TOMALTY at (561) 994-2151  
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: D. LORNE TOMALTY, D.D.S., P.A.
2. The principal office address: 6617 BOYNTON BEACH BOULEVARD  
BOYNTON BEACH, FL 33437
3. The mailing address (if different): 5213 PRINCETON WAY  
BOCA RATON, FL 33496
4. Date of incorporation/qualification: AUG. 24, 1978 Document number: 584473
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)

RICHARD MORGENTHAU  
18305 BISCAYNE BOUL, #214  
AVENTURA, FL 33160-2172

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

D. LORNE TOMALTY  
5213 PRINCETON WAY  
P.O. Box NOT acceptable  
BOCA RATON, FL 33496

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.

D. Lorne Tomalty  
Signature of an officer or director

D. LORNE TOMALTY, 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.

D. Lorne Tomalty  
Signature of Registered Agent

AUGUST 17, 2011  
Date

If signing on behalf of an entity:

D. LORNE TOMALTY  
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