

FL2000000292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 28 2012  
T. LEMIEUX

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: S.M.A. MEDICAL, INC.

Name of Corporation

DOCUMENT NUMBER: F12000000292

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:

TKB  
Name of Contact Person

12-24 RIVER ROAD  
Firm/Company

FAIR LAWN/NJ 07410  
Address

VASYA@TKBCORP.COM  
City/State and Zip Code

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

For further information concerning this matter, please call:

vasiliy krylov

Name of Contact Person

at ( 201 ) 794-7163

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 Pennsylvania  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: S.M.A. MEDICAL, INC.
2. The principal office address: 940 PENNSYLVANIA BLV  
FEASTERVILLE, PA 19053
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/20/2012 Document number: F12000000292
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)

SHVARTSBURD NATALYA

2950 GRIFFIN ROAD

DANIA BEACH, FL 33312

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

SHVARTSBURD NATALYA

2944 SW 26TH TERRACE, #502

P.O. Box NOT acceptable

DANIA BEACH, FL 33312

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.

Natalya Shvartsburd  
Signature of an officer or director

SHVARTSBURD NATALYA 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.*

Natalya Shvartsburd  
Signature of Registered Agent

11/18/2012

Date

If signing on behalf of an entity:

SHVARTSBURD NATALYA

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

CR2E045 (03/12)

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