

M1700000 9703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800331395048✓

07/11/19--01006--023 **30.00

S TALLENT
AUG 13 2019

RECEIVED
2019 AUG 12 PM 12:05

2019 AUG 12 PM 12:05

FILED

Amad



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2019

RITA ABEL
TOI MANAGEMENT COMPANY, LLC
4500 W. NEWBERRY RD.
GAINESVILLE, FL 32607

SUBJECT: TOI MANAGEMENT COMPANY, LLC
Ref. Number: M17000009703

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 419A00014900

RECEIVED
2019 AUG 12 AM 11:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOI MANAGEMENT COMPANY LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT MARAS
Name of Person

TOI MANAGEMENT COMPANY LLC
Firm/Company

4500 W. NEWBERRY ROAD
Address

GAZDESVILLE FL 32607
City/State and Zip Code

SMARAS@TOI-HEALTH.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT MARAS at (813) 486-7586
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: TOI MANAGEMENT COMPANY, LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

4500 W. NEWBERRY ROAD
GAINESVILLE, FL 32607

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

- SAME -

2. The Florida document number of this limited liability company is: M17000009703

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 11/13/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED

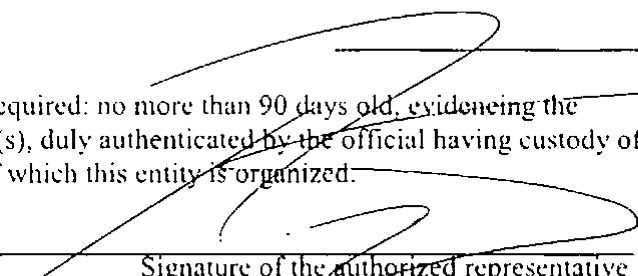
2019 AUG 12 PM 12:05
SECRET

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>RICHARD GILBERT</u>	<u>4500 W. NEWBERRY ROAD.</u> <u>GAINESVILLE, FL 32607</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>CFO</u>	<u>SCOTT MARIS</u>	<u>4500 W. NEWBERRY ROAD</u> <u>GAINESVILLE, FL 32607</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
Richard Gilbert, MD

Typed or printed name of signee

Filing Fee: \$25.00