## P01000104410

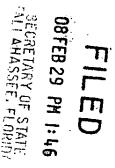
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## COVER LETTER

TO:	Amendment Section Division of Corporations						
•	,						
SUBJECT: Bond Medical Group, Inc.							
	(Name of Corporation)						
DOC	UMENT NUMBER: P01000104410						
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Heather Velez						
	(Name of Contact Person)						
	Bond Medical Group, Inc.						
	(Firm/Company)						
	3903 Northdale Blvd., Ste. 100W						
	(Address)						
	Tompo El 22624						
	Tampa, FL 33624 (City/State and Zip Code)						
For fu	rther information concerning this matter, please call:						
Heath	ner Velez at ( 813 ) 264-5951 X1121						
<del></del>	(Name of Contact Person) (Area Code & Daytime Telephone Numb	er)					
Enclos	sed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:  Amendment Section  Street Address:  Amendment Section	·					
	Amendment Section Amendment Section Division of Corporations Division of Corporations						
	P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circle						
	Tallahassee, FL 32301						

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S a organized under the laws of the State of $\_$ registered agent, or both, in the State of F	Florida	iis	_
1. The name of	the corporation; Bond Medical Gro	oup, Inc.			
2. The principal Tampa, FL	office address: 3903 Northdale Bl 33624	vd., Ste. 100W			·
3. The mailing a	address (if different): same				
4. Date of incor	poration/qualification: 10/26/2001	Document number: P010001	04410		
	I street address of the current regis rtment of State:	tered agent and registered office on file wit	h the		
	Fowler White Boggs Banke	r PA	_		
	501 East Kennedy Boulev	ard, Suite 1700	3E0	180	
	Tampa, FL 33602	·	ARE I	EB	71
6. The name and (if changed):	i street address of the new registere	ed agent (if changed) and /or registered offi	SSEE, FI	EB 29 PM	
	Grant Law Group		ORII TAT	1: [	O
	20719 Sterlington Drive			©)	
	(P.O. Box NOT ac				•
	Land O' Lakes, Florida 34	538	-		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	s register	ed age	nt,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an seen notified in writing of the change.	officer so	)	
1	30	Travis Bond, President			_
(Signal)	lre of an officer or director)	(Printed or typed name and t	,		_
I nereby accept I further agree of my duties, an document is bei corporation	the appointment as registered ag to comply with the provisions of a dI am familiar with and accept t ing filed merely to reflect a chang s peen notified in writing of this c	rent and agree to act in this capacity. all statutes relative to the proper and com the obligation of my position as registered to in the registered office address, I hereb thange.	plete per 1 agent. 1y confirn	forma Or, if t 1 thát i	nce his the
_ (J)	m & m	Februar 18, 200	8		<b>→</b>
•	gnative of Registered Agent)  Thalf of an entity:	(Date)			•
John A. Gran					
(	Typed or Printed Name)	-			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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