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(Requestor's Name)

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(City/State/Zip/Phone #)

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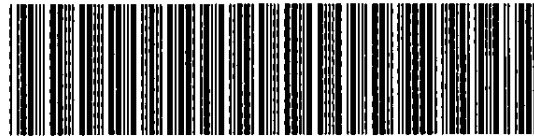
(Business Entity Name)

(Document Number)

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DATE: 6/5/13

NAME: TOMAN ORTHOPEDICS AND SPORTS MEDICINE, PA

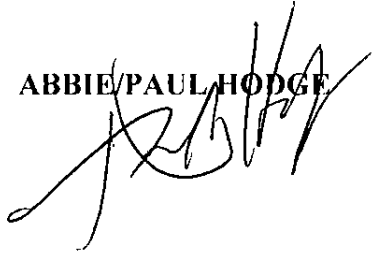
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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Toman Orthopedics and Sports Medicine, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Capitol Services - Corporate Filings Team
Name (Printed or typed)

800 Brazos Ste 400
Address

Austin TX 78701
City, State & Zip

(800) 345-4647
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Toman Orthopedics and Sports Medicine, PA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

21346 Saint Andrews Blvd.

#121

Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to own, operate and maintain an
establishment for the study, diagnosis and treatment of human ailments
and injuries.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles V. Toman, M.D.

Name and Title: _____

Address: President & Sole Director

Address: _____

21346 Saint Andrews Blvd

#121, Boca Raton, FL 33433

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: NRAI Services, Inc.
Address: 515 East Park Avenue
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

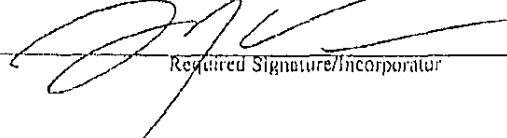
The name and address of the incorporator is:

Name: Andrew Voss
Address: 100 South Fourth Street
Suite 1000, St. Louis, MO 63102

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 June 4, 2013
Required Signature/Registered Agent Date
Sean L. Emerick, Assistant Secretary

I submit this document and affirm that the facts stated hereth are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

 June 4, 2013
Required Signature/Incorporator Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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