

P130000048976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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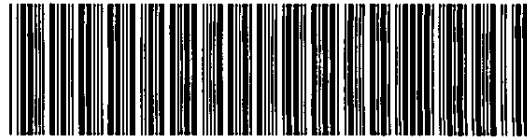
(Business Entity Name)

(Document Number)

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SEP 12 2014  
C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Toman Orthopedics & Sports Medicine  
Name of Corporation

DOCUMENT NUMBER: P13000048976

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:

Stephanee Krull  
Name of Contact Person

Toman Orthopedics & Sports Medicine  
Firm/Company

7301A W. Palmetto Park RD, Suite 100B  
Address

Boca Raton, FL 33433  
City/State and Zip Code

Stephanee.krull@tomanortho.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanee Krull at ( 561 ) 221-6895  
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: Toman Orthopedics and Sports Medicine  
2. The principal office address: 7301A W. Palmetto Park Rd, Suite 100B  
Boca Raton, FL 33433  
3. The mailing address (if different): —

4. Date of incorporation/qualification: 6/5/13 Document number: P13000048976

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)

NRAI Services, Inc  
1800 S. Pine Island Rd  
Plantation, FL 33324

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

Stephanee Krull  
7301A W. Palmetto Park Rd, Suite 100B  
Boca Raton, FL 33433  
P.O. Box NOT acceptable

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.

CK  
Signature of an officer or director

Charles Toman  
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.

[Signature]  
Signature of Registered Agent

8/15/14  
Date

If signing on behalf of an entity:

Stephanee Krull  
Typed or Printed Name

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

SEP 14 2014  
14 SEP -8 AM 11:09  
RECEIVED  
FLORIDA DEPARTMENT OF STATE