4/3

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90204 005 ****61.25

DOCUMENT # N98000006363

1. Entity Name

NATIONAL TRAINING CENTER SPORTS MEDICINE INSTITU TE FOUNDATION, INC.

Principal Place of Business	Mailing Address
731 E. HWY. 50 CLERMONT FL 34711	731 E. HWY. 50 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3541559 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAY, JAMES M M.D. 731 E. HWY. 50 CLERMONT FL 34711	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, JAMES M M.D. 731 E. HWY. 50 CLERMONT FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D WADE BOYETTE 1380 GRAND HWY-P.O. DRAWER 120848 CLERMONT, FL 34712-0848 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONGACRE, LESLIE 731 E. HWY. 50 CLERMONT FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-D BRIAN HOFER 481 E. HIGHWAY 50 CLERMONT, FL 34711 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, JOHN A 731 E. HWY. 50 CLERMONT FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D JAMES K. SIMON 731 E. HIGHWAY 50 CLERMONT, FL 34711 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUKE, JEFF 731 E. HWY. 50 CLERMONT FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOR, PAUL MD 731 E HIGHWAY 50 CLERMONT FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Ray, M.D. 4/15/02 352-293-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)