


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006363</b> 1. Entity Name NATIONAL TRAINING CENTER SPORTS MEDICINE INSTITUTE FOUNDATION, INC.	
--	---

Principal Place of Business 1101 CITRUS TOWER BLVD CLERMONT, FL 34711 US	Mailing Address 1101 CITRUS TOWER BLVD CLERMONT, FL 34711 US
--	--

**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3541559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RAY, JAMES M M.D.  
1101 CITRUS TOWER BLVD.  
CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYETTE, WADE 1380 GRAND HWY- P.O. DRAWER 120848 CLERMONT, FL 34712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFER, BRAIN 481 E. HIGHWAY 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, JAMES K 731 E. HWY. 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY, JAMES M 731 E. HWY 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000508718  
04/28/06-80011-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 — James M. Ray M.D. 4/9/06 (352) 394-1969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #