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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000027855**

1. Corporation Name
M.R.S. SPORTS MEDICINE, INC.



Principal Place of Business
% MICHAEL BODY SCENES
5994 S.W. 18TH ST
BOCA RATON FL 33433

Mailing Address
% MICHAEL BODY SCENES
5994 S.W. 18TH ST
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1997

4. FEI Number **65-0739863** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **5994 S.W. 18TH ST.**

Suite, Apt. #, etc.

22 **SUITE D-7**

City & State

23 **BOCA RATON FL**

Zip

24 **33433**

Country

25 **U.S.A**

2a. Mailing Address

26 **5994 S.W. 18TH ST.**

Suite, Apt. #, etc.

27 **SUITE D-7**

City & State

28 **BOCA RATON, FL**

Zip

29 **33433**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

GLICKMAN, ANDREW H
% MICHAEL BODY SCENES
5994 S.W. 18TH ST
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name **GLICKMAN, ANDREW H.**
 82 Street Address (P.O. Box Number is Not Acceptable)
5994 S.W. 18TH ST.
 83 **SUITE D-7**
 84 City **BOCA RATON** FL 85 Zip Code **33433**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPS** DELETE

NAME **GLICKMAN, ANDREW**
 STREET ADDRESS **22537 SW 66TH AVE, 105**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **P** DELETE

NAME **GLICKMAN, LESLIE**
 STREET ADDRESS **22537 SW 66TH AVE 105**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **VP** DELETE

NAME **PAPAMICHAEL, MICHAEL**
 STREET ADDRESS **23217 BOCA CLUB COLONY CIR**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VPT** DELETE

NAME **QUESTELL, STEPHEN**
 STREET ADDRESS **2882 WATERFORD DR SOUTH**
 CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE **VP** DELETE

NAME **HARE, DANIEL**
 STREET ADDRESS **2882 WATERFORD DR SOUTH**
 CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE **D** DELETE

NAME **FRANK, MICHAEL**
 STREET ADDRESS **5541 PACIFIC BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33433**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS **1955 Parkside Circle South**
 1.4 CITY-ST-ZIP **Boca Raton, FL 33486-8568**

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS **1955 Parkside Circle South**
 2.4 CITY-ST-ZIP **Boca Raton, FL 33486-8568**

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS **6358 BLUE BAY CIR.**
 4.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS **6358 BLUE BAY CIR.**
 5.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Andrew H. Glickman** VICE PRESIDENT 3/26/99 (561) 417-3866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANDREW H. GLICKMAN VICE PRESIDENT

CR2E034 (1/98)