

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90103 009 \*\*\*150.00

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**DOCUMENT # P97000027855**

1. Entity Name  
**M-R.S. SPORTS MEDICINE, INC.**

Principal Place of Business  
**5994 SW 18TH STREET  
 SUITE D-7  
 BOCA RATON FL 33433  
 US**

Mailing Address  
**5994 SW 18TH STREET  
 SUITE D-7  
 BOCA RATON FL 33433  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

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

Zip Country

Zip Country

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~~

**GLICKMAN, ANDREW H  
 5994 SW 18TH STREET  
 SUITE D-7  
 BOCA RATON FL 33433**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**VPS  
 GLICKMAN, ANDREW  
 1955 PARKSIDE CIRCLE SOUTH  
 BOCA RATON FL 33486-8568**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**P  
 GLICKMAN, LESLIE  
 1955 PARKSIDE CIRCLE SOUTH  
 BOCA RATON FL 33486-8568**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**VP  
 PAMAMICHAEL, MICHAEL  
 23217 BOCA CLUB COLONY CIR  
 BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**VPT  
 QUESTELL, STEPHEN  
 6358 BLUE BAY CIRCLE  
 LAKE WORTH FL 33467**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**VP  
 HARE, DANIEL  
 6358 BLUE BAY CIRCLE  
 LAKE WORTH FL 33467**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**D  
 FRANK, MICHAEL  
 5227 SAPPHERE VALLEY  
 BOCA RATON FL 33486**

TITLE  Change  Addition  
**D  
 FRANK, MICHAEL  
 23447 WATER CIRCLE  
 BOCA RATON, FL 33486**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_ Date **4/23/02** Daytime Phone # **561-417-3866**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)