

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027855

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: M-R.S. SPORTS MEDICINE, INC.

**Current Principal Place of Business:**

5994 SW 18TH STREET  
SUITE D-7  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

5994 SW 18TH STREET  
SUITE D-7  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number: 65-0739863      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPS ( ) Delete  
Name: GLICKMAN, ANDREW  
Address: 1955 PARKSIDE CIRCLE SOUTH  
City-St-Zip: BOCA RATON, FL 334868568

Title: P ( ) Delete  
Name: GLICKMAN, LESLIE  
Address: 1955 PARKSIDE CIRCLE SOUTH  
City-St-Zip: BOCA RATON, FL 334868568

Title: VP ( ) Delete  
Name: PAPAMICHAEL, MICHAEL  
Address: 23217 BOCA CLUB COLONY CIR  
City-St-Zip: BOCA RATON, FL 33433

Title: VPT ( ) Delete  
Name: QUESTELL, STEPHEN  
Address: 6358 BLUE BAY CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete  
Name: HARE, DANIEL  
Address: 6358 BLUE BAY CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: FRANK, MICHAEL  
Address: 23447 WATER CIRCLE  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW H. GLICKMAN

VPS

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date