

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027855

FILED
Apr 21, 2011
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 (X)

Name and Address of Current Registered Agent:

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

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANDREW H GLICKMAN

VP

04/21/2011

Electronic Signature of Signing Officer or Director

_____ Date