

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90477 034 ***150.00

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	GLICKMAN, ANDREW	
STREET ADDRESS	1955 PARKSIDE CIRCLE SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33486-8568	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLICKMAN, LESLIE	
STREET ADDRESS	1955 PARKSIDE CIRCLE SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33486-8568	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAPAMICHAEL, MICHAEL	
STREET ADDRESS	23217 BOCA CLUB COLONY CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	QUESTELL, STEPHEN	
STREET ADDRESS	6358 BLUE BAY CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARE, DANIEL	
STREET ADDRESS	6358 BLUE BAY CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANK, MICHAEL	
STREET ADDRESS	23447 WATER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/17/03**

Daytime Phone # **561-417-3000**

CR2E034 (10/02)