

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-15-2001 90008 018 ***150.00

DOCUMENT # P98000100004

1. Entity Name

STAR SPORTS MEDICINE, P.A.

Principal Place of Business

14 WEST JORDAN STREET #1-F
 PENSACOLA FL 32501

Mailing Address

14 WEST JORDAN STREET #1-F
 PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~59-9544034~~

Applied For

Not Applicable

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

DECAMPOS, JULIET M.D.
 14 WEST JORDAN STREET #1-F
 PENSACOLA FL 32501

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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: **D** Delete
 NAME: **DECAMPOS, JULIET M.D.**
 STREET ADDRESS: **14 WEST JORDAN STREET #1-F**
 CITY-ST-ZIP: **PENSACOLA FL 32501**

TITLE: Change Addition
 NAME: **9400 University Parkway #309**
 STREET ADDRESS: **Pensacola FL 32514**
 CITY-ST-ZIP: **Pensacola FL 32514**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME: **Keith M Kundahl, CFO**
 STREET ADDRESS: **9400 University Parkway #309**
 CITY-ST-ZIP: **Pensacola, FL 32514**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

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:

Keith M Kundahl
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

2/12/01

Date

850 470 9880

Daytime Phone #

CR2E034 (10/00)

65395



DO NOT WRITE IN THIS SPACE
 59-3545034