

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006363

1. Entity Name

CENTRAL FLORIDA SPORTS MEDICINE INSTITUTE FOUNDA

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90009 012 ****61.25

Principal Place of Business

Mailing Address

731 E. HWY. 50
CLERMONT FL 34711

PO BOX 771197
WINTER GARDEN FL 34777-1197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3541559

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

RAY, JAMES M M.D.
731 E. HWY. 50
CLERMONT FL 34711

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RAY, JAMES M M.D.
STREET ADDRESS 731 E. HWY. 50
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ Change ☒ Addition
NAME Paul Boor MD
STREET ADDRESS 731 E. Highway 50, Clermont, FL 34711
CITY-ST-ZIP 731 E. Highway 50, Clermont, FL 34711

TITLE V ☐ Delete
NAME LONGACRE, LESLIE
STREET ADDRESS 731 E. HWY. 50
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ Change ☒ Addition
NAME Troy Smurawa MD
STREET ADDRESS 731 E. Highway 50, Clermont, FL 34711
CITY-ST-ZIP 731 E. Highway 50, Clermont, FL 34711

TITLE S ☐ Delete
NAME MOORE, JOHN A
STREET ADDRESS 731 E. HWY. 50
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ Change ☒ Addition
NAME Sandi White
STREET ADDRESS 731 E. Highway 50, Clermont, FL 34711
CITY-ST-ZIP 731 E. Highway 50, Clermont, FL 34711

TITLE T ☐ Delete
NAME DUKE, JEFF
STREET ADDRESS 731 E. HWY. 50
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☒ Delete
NAME LUCAS, DAVID M.D.
STREET ADDRESS 731 E. HWY. 50
CITY-ST-ZIP CLERMONT FL 34711

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

TITLE D ☒ Delete
NAME NOWICKI, KEVIN M.D.
STREET ADDRESS 731 E. HWY. 50
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)