

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000027855

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

**Current Principal Place of Business:**

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

**FILED**  
**Apr 11, 2024**  
**Secretary of State**  
**6197489442CC**

**Current Mailing Address:**

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

**FEI Number:** 65-0739863

**Certificate of Status Desired:** No

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

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

*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:** KAREN LEVY

04/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPS  
Name LEVY, KAREN  
Address 5994 SW 18TH STREET  
SUITE D-7  
City-State-Zip: BOCA RATON FL 33433

Title P  
Name PAPAMICHAEL, MICHAEL  
Address 5994 SW 18TH STREET  
SUITE D-7  
City-State-Zip: BOCA RATON FL 33433

Title VPT  
Name QUESTELL, STEPHEN  
Address 5994 SW 18TH STREET  
SUITE D-7  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name HARE, DANIEL  
Address 5994 SW 18TH STREET  
SUITE D-7  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name FRANK, MICHAEL  
Address 5994 SW 18TH STREET  
SUITE D-7  
City-State-Zip: BOCA RATON FL 33433

*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:** KAREN LEVY

VPS

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date