

FOI 000004657

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gary Sports Medicine Institute, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cleveland Gary  
(Name of Person)

Gary Sports Medicine Institute, Inc.  
(Firm/Company)

603 Village Blvd. - suite 102  
(Address)

West Palm Beach, FL 33409  
(City/State and Zip code)

For further information concerning this matter, please call:

800003674238--7  
-02/12/01--01080--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Cleveland Gary at ( 561 ) 686-0028  
(Name of Person) (Area Code & Daytime Telephone Number)

601-3617

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 27, 2001

CLEVELAND GARY  
603 VILLAGE BLVD., STE 102  
WEST PALM BEACH, FL 33409

SUBJECT: GARY SPORTS MEDICINE INSTITUTE, INC.  
Ref. Number: W01000003617

We have received your document for GARY SPORTS MEDICINE INSTITUTE, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

YOU HAVE SUBMITTED TWO APPLICATIONS TO BE FILED WITH OUR OFFICE, BUT YOU HAVE YET TO ADDRESS THE PENALTY FEE REQUEST IN MY PREVIOUS LETTERS. PLEASE REFER TO ATTACHED LETTER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays  
Document Specialist

Letter Number: 301A00043693

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 20, 2001

CLEVELAND GARY  
603 VILLAGE BLVD., STE 102  
WEST PALM BEACH, FL 33409

SUBJECT: GARY SPORTS MEDICINE INSTITUTE, INC.  
Ref. Number: W01000003617

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for GARY SPORTS MEDICINE INSTITUTE, INC..

The referenced application states that the corporation has transacted business in the State of Florida since September 1, 1997. You were notified by letter dated February 15, 2001, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$4600.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (850) 487-6051.

Gretchen Harvey  
Document Specialist Supervisor Letter No. 301A00037462

Enclosure

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 15, 2001

CLEVELAND GARY  
603 VILLAGE BLVD., STE 102  
WEST PALM BEACH, FL 33409

SUBJECT: GARY SPORTS MEDICINE INSTITUTE, INC.  
Ref. Number: W01000003617

We have received your document for GARY SPORTS MEDICINE INSTITUTE, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4600.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502 Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted and not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01/11/01 BY SP-1/STP/STP

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Document Specialist

Letter Number: 901A00009625

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Gary Sports Medicine Institute, Inc.  
603 Village Blvd. Suite 102  
WPB, FL 33409

Division Of Corporation  
PO Box 6327  
Tallahassee, FL 32314

To: Michael Mays:

Gary Sports Medicine Institute, Inc. started transacting business in the State of Florida in February of 2001. We (the company mailed in our check and filled out the proper forms to transact business in the State of Florida to receive our certificate of status. The prior information is erroneous.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Mays", is written over the word "Sincerely,".

Gary Sports Medicine Institute, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Coany Sports Medicine Institute, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 65-0785935  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 1997 5. NA  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Sept 1997  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 603 Village Blvd. Suite 102 - West Palm Beach, FL 33409  
(Principal office address)

~~603 Village Blvd. Suite 102 - West Palm Beach, FL 33409~~  
603 Village Blvd. Suite 102 - West Palm Beach, FL 33409  
(Current mailing address)

8. To Render Medical Services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Cleveland Coay

Office Address: 603 Village Blvd. Suite 102

West Palm Beach, Florida 33409  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Cleveland Coay  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Cleveland Gary

Address: 3621 SW Coquina Cove Way #101  
Palma City, FL 34990

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Cleveland Gary

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CLEVELAND GARY

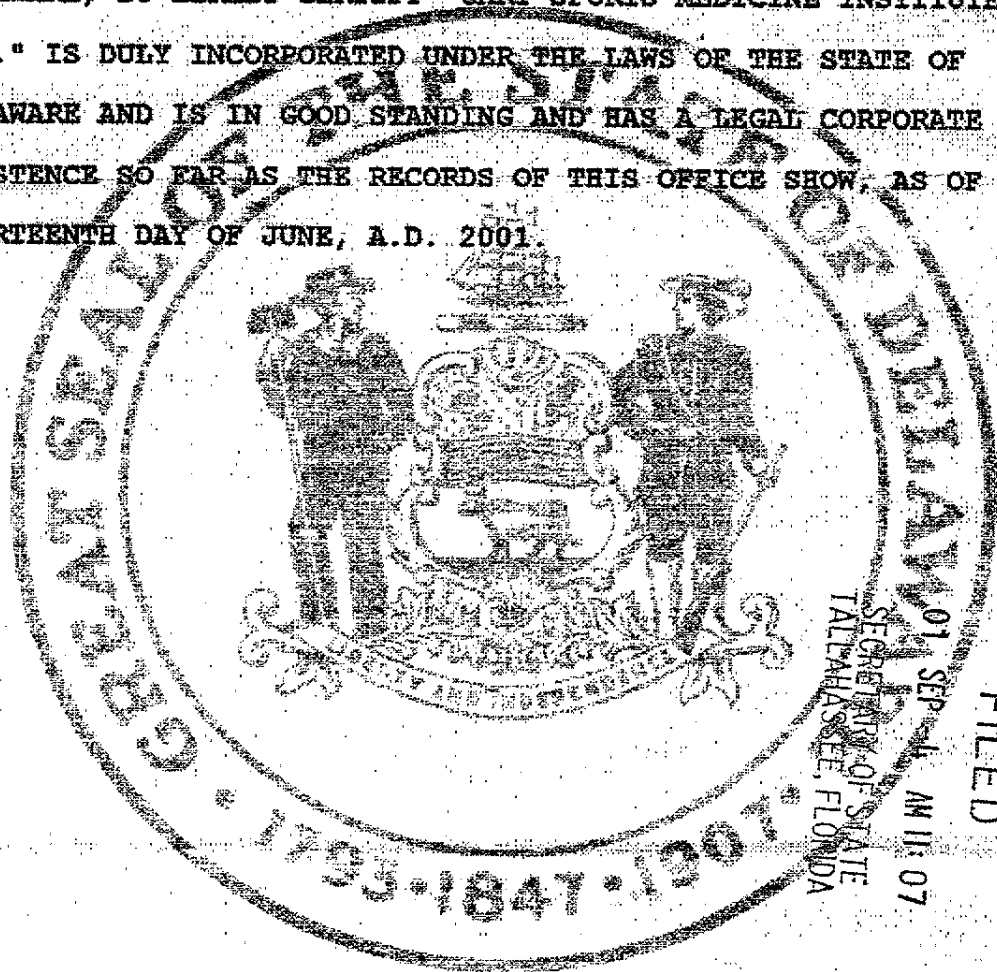
(Typed or printed name and capacity of person signing application)



*State of Delaware*  
**Office of the Secretary of State** PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GARY SPORTS MEDICINE INSTITUTE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2001.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State