

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004458

1. Entity Name

JOYNER SPORTSMEDICINE INSTITUTE, INC.

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90069 001 ***450.00

Principal Place of Business
4716 OLD GETTYSBURG ROAD
4TH FLOOR
MECHANICSBURG PA 17055
US

Mailing Address
4716 OLD GETTYSBURG ROAD
4TH FLOOR
MECHANICSBURG PA 17055
US

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

23-2696896

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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	<input type="checkbox"/> Delete
NAME	ORTENZIO, ROCCO A	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	P	<input type="checkbox"/> Delete
NAME	ORTENZIO, ROBERT A	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TARVIN, MICHAEL E	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ROMBERGER, SCOTT A	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHELLEY, STACI R	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, KENNETH L	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	

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

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:

STATE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

415102 (717) 972-1100

Date

Daytime Phone #

CR2E034 (9/01)