2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004458

Entity Name: JOYNER SPORTSMEDICINE INSTITUTE, INC.

FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business:				N	New Principal Place of Business:				
4716 OLD GETTYSBURG ROAD 4TH FLOOR MECHANICSBURG, PA 17055 US									
Current Mailing Address: New						w Mailing Address:			
4TH FLOOF	SBURG, PA 1	7055 US			nber Not Applicable() Certificate of Status Desired()				
						` ,		. ,	
Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:									
Electronic Signature of Registered Agent Date									
Election Campaign Financing Trust Fund Contribution ().									
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:									
Title: Name: Address: City-St-Zip:	D () D ORTENZIO, ROCO 4716 OLD GETTY MECHANICSBURG	CO A 'SBURG I		N A	itle: ame: ddress: ity-St-Zip:	(()Change ()	Addition	
Title: Name: Address: City-St-Zip:	P () D ORTENZIO, ROBE 4716 OLD GETTY MECHANICSBURG	ERT A 'SBURG I		N A	itle: ame: ddress: ity-St-Zip:	(()Change ()	Addition	
Title: Name: Address: City-St-Zip:	VPS () D TARVIN, MICHAEI 4716 OLD GETTY MECHANICSBURG	L E 'SBURG I		N A	itle: ame: ddress: ity-St-Zip:	(()Change ()	Addition	
Title: Name: Address: City-St-Zip:	VPT () D ROMBERGER, SO 4716 OLD GETTY MECHANICSBURG	COTT A 'SBURG I		N A	itle: ame: ddress: ity-St-Zip:	(()Change ()	Addition	
Title: Name: Address: City-St-Zip:	VPAS () D SHELLEY, STACI 4716 OLD GETTY MECHANICSBURG	R 'SBURG I		N A	itle: ame: ddress: ity-St-Zip:	JOHN, DUGG 4716 OLD GE	(X) Change() AN F ETTYSBURG R BURG, PA 170	ROAD	
Title: Name: Address: City-St-Zip:	VPAS () D MOORE, KENNET 4716 OLD GETTY MECHANICSBURG	TH L 'SBURG I		N A	itle: ame: ddress: ity-St-Zip:	(()Change ()	Addition	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.									

SIGNATURE: MICHAEL E. TARVIN VPS 01/15/2007