$50

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001485

1. Entity Name
SPORTS MEDICINE CONSULTING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 21 PM 4:24

2/24

Principal Place of Business	Mailing Address
~~4204 53RD AVE. WEST #1801~~	~~4204 53RD AVE. WEST #1801~~
~~BRADENTON, FL 34210~~	~~BRADENTON, FL 34210~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
444 MARMORA AVE	444 MARMORA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33606 Country	Zip 33606 Country

4. FEI Number 38-3643172 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SISSON, LARRY~~
~~218 SOUTHERN COUNTRY LANE~~
~~QUINCY, FL 32351~~

7. Name and Address of New Registered Agent

Name MILAGROS BADOLATO
Street Address (P.O. Box Number is Not Acceptable)
444 MARMORA AVE
City TAMPA FL Zip Code 33606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Milagros C. Badolato 2/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	mgrm	☐ Delete
NAME	Milagros Badolato	
STREET ADDRESS	444 Marmora Ave.	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	President	☐ Delete
NAME	Stephen K. Badolato, MD	
STREET ADDRESS	444 MARMORA AVE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	700012875427	
STREET ADDRESS	02/21/03--01012--013 **55.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Milagros C Badolato mgrm 2/1/03 813 259 3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #