


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90120 015 ****55.00

DOCUMENT # L05000115283 1. Entity Name SPORTS MEDICINE MARKETING OF FLORIDA, LLC					
Principal Place of Business 4450 N.W. 94TH TERRACE SUNRISE, FL 33351			Mailing Address 4450 N.W. 94TH TERRACE SUNRISE, FL 33351		
2. Principal Place of Business 18017 Samba Lane Suite, Apt. #, etc.		3. Mailing Address 18017 Samba Lane Suite, Apt. #, etc.			
City & State Boca Raton, FL Zip 33496 Country USA		City & State Boca Raton, FL Zip 33496 Country USA		4. FEI Number 760808700 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				07062006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent JOHNSON, MELISSA 4450 N.W. 94TH TERRACE SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Johnson, Melissa Street Address (P.O. Box Number is Not Acceptable) 18017 Samba Lane Boca Raton, FL City Boca Raton, FL City FL Zip Code 33496	
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 <u>Melissa Johnson</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>July 6th, 2006</u>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, MELISSA 4450 N.W. 94TH TERRACE SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member (MGRM) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathy Maston 328 NW 108th Ave Coral Spring FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Melissa Johnson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			July 6 / 2006 954-347-1135 Date Daytime Phone #		