

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68069 (7)

1. Corporation Name

CLEARWATER SPORTS MEDICINE, INC.



Principal Place of Business

617 LAKEVIEW ROAD, STE. C
CLEARWATER FL 34616

Mailing Address

617 LAKEVIEW ROAD, STE. C
CLEARWATER FL 34616

3. Date Incorporated or Qualified
02/12/1988

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2848650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL R. O'DONNELL
617 LAKEVIEW ROAD, STE. C
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of the person making the change required when filing with the Department of State)

(Signature of Registered Agent required when filing with the Department of State)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SIEK, H. GERARD, JR.
STREET ADDRESS 1528 LAKEVIEW RD.
CITY, ST, ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE D ☐ DELETE
NAME MCCLURE, JOHN M., III
STREET ADDRESS 1528 LAKEVIEW RD.
CITY, ST, ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE D ☐ DELETE
NAME SCHWAB, THOMAS O.
STREET ADDRESS 1528 LAKEVIEW RD.
CITY, ST, ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE D ☐ DELETE
NAME STEINMAN, HARRY
STREET ADDRESS 1528 LAKEVIEW RD.
CITY, ST, ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE D ☐ DELETE
NAME ABRAHAMSEN, CHARLES E.
STREET ADDRESS 1528 LAKEVIEW RD.
CITY, ST, ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE D ☐ DELETE
NAME O'DONNELL DANIEL
STREET ADDRESS 617 LAKEVIEW RD., SUITE C
CITY, ST, ZIP CLEARWATER FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96

813 445-3800

CR2E034 (12/95)