## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

<b>DOCUMENT #</b>	
DOCUMENT #	IVIDALIDA
	ITIOOOO

1 Corporation Name

CLEARW	ATER SPORTS MEDICINE,	INC.				
Principal Place of Business Mailing Address						
1550 PENNWOOD CR. SOUTH CLEARWATER FL 33756		617 LAKEVIEW ROAD. SUITE C CLEARWATER FL 34616				
2. Principal F 21 Suite, Apt 22 City & Stat 23 Zip 24	Country	2a. Mailing Address 26 ISSO Penn wood Suite, Apt #, etc 27 City & State 28 Clearwater, F Zip 29 32756	Country of Pine		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 02/12/1988 4. FET Number 59-2848650 5. Certificate of Status Desired [ ] 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Interspersonal Property Tax	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tangible [ ] Yes [ ] No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent
DANIEL R. O'DONNELL 1550 PENNWOOD CR. SOUTH CLEARWATER FL 33756			82 83		ress (P.O. Box Number is Not Acceptable)	
1			84	City		85 Zip Code
1. Pursuant office or agent. La	to the provisions of Sections 607,050, egistered agent, or both, in the State in familiar with, and accept the obligat Signature, typed or profiled name of regionered agent.	of Florida, Such change was auth lions of, Section 607,0505, Florid	norized by t a Statutes	the corporation	ioration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its registered alment as registered
12.	OFFICE RS AN	The state of the s	13,		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	[   DELETE	11 TITLE			[   Change
NAME	MCCLURE, JOHN M., III		1.2 NAME			
STREET ADDRESS	1528 LAKEVIEW RD.		13\$1REF!			
CITY-ST-ZIP TITLE	CLEARWATER FL D	[ ] DELETE	14 CHY-ST 2 1 THEF	- ZIF		f.λ£naena ΓλΑπππαο
NAME	SCHWAB, THOMAS O.	[   Decent	2.2 NAME		800002829 -04/05/990	
STREET ADDRESS	1528 LAKEVIEW RD.		23 \$TR[EI	ADDRESS.		*****150.00
CITY-ST-ZIP	CLEARWATER FL		2 4 CITY-S		*****100.00	**************************************
TITLE	D	[] DELETE	3111116	,		[   Change
NAME	STEINMAN, HARRY		3.2 NAME	1		
STREET ADDRESS	1528 LAKEVIEW RD.		3.3 STREET	ADDRESS		
CITY-ST-Z#	CLEARWATER FL		34 CiTY-S	-202		
TITLE	D	[   DELETE	4.1 TITUE			[   Change   [ ] Addition
NAME	ABRAHAMSEN, CHARLES E.		4 2 NAME			
STREET ADDRESS	1528 LAKEVIEW RD.		435!REET	1		,
CITY-ST-ZIP	CLEARWATER FL D	[] DELETE	44 CITY-ST 51 THILE	· 76°		[   Change
NAME	O'DONNEL DANIEL	1 J Diccie	5.1 HILE 5.2 NAME	1		Librarys Limberton
STREET ADDRESS	617 LAKEVIEW RD., SUITE C		53 STREET	ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		54 O(TY-S)	1		
TITLE	OLCHINGTER ! L	[] DELETE	6 ' TITLE	+		[   Change [ ] Addition

13. 4/2/99 99AR 14. Thereby 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 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 the 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, with all otherwise empowered.

SIGNATURE:

NAME STREET ADDRESS

1-727-446-8880