

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90377 032 ****61.25

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # N02000005836 | | | | | |
| 1. Entity Name THE SPORTS MEDICINE FELLOWSHIP EDUCATION FOUNDATION, INC. | | | | | |
| Principal Place of Business 1405 S. ORANGE AVENUE SUITE 601 ORLANDO, FL 32806-2153 | | | Mailing Address P.O. BOX 560862 ORLANDO, FL 32856-0862 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 04-3718960 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PANZL, JOSEPH R ESQ. 163 EAST MORSE BOULEVARD SUITE 200 WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name: <u>Thomas F. Winters, Jr., M.D.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1405 S. Orange Ave.</u> <u>Suite 601</u> City: <u>ORLANDO</u> <u>FL</u> Zip Code: <u>32806</u> | | |
| 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><i>Tom Winters</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE: <u>4-12-06</u> <small>(NOTE: Registered Agent signature required when renewing)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WINTERS, THOMAS F JR 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806 <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 | D CHILTON, MARILYN 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806 <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 | D GAYNOR, ELIZABETH 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806 <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 | |
| 12. 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 or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Tom Winters</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>4-12-06</u> Daytime Phone #: <u>407-649-1097</u> | | |