

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
04-3718960

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINTERS, JR. M.D., THOMAS F
1405 S. ORANGE AVE
STE. 601
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WINTERS, THOMAS F JR
STREET ADDRESS 1405 S ORQANGE AVE STE 601
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D
NAME CHILTON, MARILYN
STREET ADDRESS 1405 S ORQANGE AVE STE 601
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D
NAME GAYNOR, ELIZABETH
STREET ADDRESS 1405 S ORQANGE AVE STE 601
CITY-ST-ZIP ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U000000712579
04/26/07-80055-001 61.25

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas F. Winters, Jr., M.D.

4-11-07 407-649-1097