


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005836</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WINTERS, JR. M.D., THOMAS F 1405 S. ORANGE AVE STE. 601 ORLANDO, FL 32806		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINTERS, THOMAS F JR 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILTON, MARILYN 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYNOR, ELIZABETH 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Thomas F Winters</u> 4-23-08 407-649-1097 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-3718960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

U00000930649  
05/21/08-80117-017 61.25