FILED
Jun 09, 2003 8:00 am
Secretary of State
04-28-2003 90497 047 ****61.25

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000005836

1. Entity Name

THE SPORTS MEDICINE FELLOWSHIP EDUCATION FOUNDATION, INC.

44UU3000

[redacted]

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1405 S. ORANGE AVENUE SUITE 601 ORLANDO FL 32806-2153	1405 S. ORANGE AVENUE SUITE 601 ORLANDO FL 32806-2153

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 560862 Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FL
Zip / Country	Zip: 32856-0862 / Country: USA

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	7. Name and Address of New Registered Agent
PANZL, JOSEPH R ESQ. 183 EAST MORSE BOULEVARD SUITE 200 WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City / FL / Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition P,D THOMAS F. WINTERS, JR. 1405 S. ORANGE AVE, SUITE 601 ORLANDO, FL 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D MARILYN CHILTON 1405 S. ORANGE AVE, SUITE 601 ORLANDO, FL 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D ELIZABETH GAYNOR 1405 S. ORANGE AVE, SUITE 601 ORLANDO, FL 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby 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 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.

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SIGNATURE: SIGNATURE REQUIRED Thomas F. Winters, JR. 4-24-03 649-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #