

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002473

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** ST. JOHNS SPORTS MEDICINE COUNCIL, INC.

**Current Principal Place of Business:**

115 BARTRAM OAKS WALK  
SUITE 104  
ST. JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

115 BARTRAM OAKS WALK  
SUITE 104  
ST. JOHNS, FL 32259

**New Mailing Address:**

**FEI Number:** 45-1137383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOGEL, CAROLE A  
111 NATURE WALK PARKWAY  
SUITE 102  
ST. JOHNS, FL 32092 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GILLIS, GARRY  
Address: 12421 SAN JOSE BLVD., STE 100  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP  
Name: OSBORN, ROSS  
Address: 115 BARTRAM OAKS WALK  
City-St-Zip: ST JOHNS, FL 32259

Title: S  
Name: BERGER, RON  
Address: 12421 SAN JOSE BLVD., STE 100  
City-St-Zip: JACKSONVILLE, FL 32223

Title: T  
Name: NORTHROP, TOD  
Address: 150 SOUTHPARK BLVD., STE 102  
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARRY GILLIS

P

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date