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FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001283 (8)

1. Corporation Name

SPORTS MEDICINE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

3106 TANGLEWOOD DRIVE
SARASOTA FL 34239

3106 TANGLEWOOD DRIVE
SARASOTA FL 34239-5630

3. Date Incorporated or Qualified
03/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
943 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
ALLAN A. SCHULTE

82 Street Address (P.O. Box Number is Not Acceptable)

3106 TANGLEWOOD DR.

83

84 City
SARASOTA

FL

85 Zip Code
34239

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John Schulte*

4-28-97

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

(NOTE: Registered Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PD
SCHULTE, ALLAN A
STREET ADDRESS
3106 TANGLEWOOD DRIVE
CITY - ST - ZIP
SARASOTA FL 34239

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
VD
JOHNSON, DONALD H
STREET ADDRESS
3106 TANGLEWOOD DRIVE
CITY - ST - ZIP
SARASOTA FL 34239

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

1122 Peppertree Lane
34242

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
SD
JOHNSON, CAROLE
STREET ADDRESS
3106 TANGLEWOOD DRIVE
CITY - ST - ZIP
SARASOTA FL 34239

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

1122 Peppertree Lane
34242

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
TD
SCHULTE, MARCIA WRIGHT
STREET ADDRESS
3106 TANGLEWOOD DRIVE
CITY - ST - ZIP
SARASOTA FL 34239

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Marcia Wright Schulte*

11-28-97 911 973 7842

CR2E037 (9/96)