2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001283

1. Entity Name

SPORTS MEDICINE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3106 TANGLEWOOD DRIVE SARASOTA FL 34239	P.O. BOX 15043 SARASOTA FL 34277

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicat

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTE, ALLAN
3106 TANGLEWOOD DR
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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
Due By May 1, 2006

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	PD	☐ Delete	TITLE	☐ Change ☐ Additio
NAME	SCHULTE, ALLAN A		NAME	
STREET ADDRESS	3106 TANGLEWOOD DRIVE		STREET ADDRESS	U00000419148
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	02/14/06-80035-022 61.25
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Additio
NAME	JOHNSON, DONALD H		NAME	
STREET ADDRESS	1122 PEPPERTREE LANE		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Additio
NAME	JOHNSON, CAROLE		NAME	
STREET ADDRESS	1122 PEPPERTREE LANE		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Additio
NAME	SCHULTE, MARCIA WRIGHT		NAME	
STREET ADDRESS	3106 TANGLEWOOD DRIVE		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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