

## ANNUAL REPORT (AR)

DOCUMENT # N96000001283

1. Entity Name

SPORTS MEDICINE INTERNATIONAL, INC.



**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

3106 TANGLEWOOD DRIVE  
SARASOTA FL 34239

Mailing Address

P.O. BOX 15043  
SARASOTA FL 34277

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City &amp; State

City &amp; State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE PD ☐ Delete  
 NAME SCHULTE, ALLAN A  
 STREET ADDRESS 3106 TANGLEWOOD DRIVE  
 CITY-STATE-ZIP SARASOTA FL 34239

TITLE VD ☐ Delete  
 NAME JOHNSON, DONALD H  
 STREET ADDRESS 1122 PEPPERTREE LANE  
 CITY-STATE-ZIP SARASOTA FL 34242

TITLE SD ☐ Delete  
 NAME JOHNSON, CAROLE  
 STREET ADDRESS 1122 PEPPERTREE LANE  
 CITY-STATE-ZIP SARASOTA FL 34242

TITLE TD ☐ Delete  
 NAME SCHULTE, MARCIA WRIGHT  
 STREET ADDRESS 3106 TANGLEWOOD DRIVE  
 CITY-STATE-ZIP SARASOTA FL 34239

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-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.

SIGNATURE: *Marcia W. Schulte* MARCIA W. SCHULTE, TD 2/23/07 941-923-2800