

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006363

FILED
Apr 27, 2007
Secretary of State

Entity Name: NATIONAL TRAINING CENTER SPORTS MEDICINE INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

1101 CITRUS TOWER BLVD
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1101 CITRUS TOWER BLVD
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 59-3541559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, JAMES M M.D.
1101 CITRUS TOWER BLVD.
CLERMONT, FL 34711 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: VD () Delete
Name: BOYETTE, WADE
Address: 1380 GRAND HWY- P.O. DRAWER 120848
City-St-Zip: CLERMONT, FL 34712

Title: TD () Delete
Name: HOFER, BRAIN
Address: 481 E. HIGHWAY 50
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: SIMON, JAMES K
Address: 731 E. HWY. 50
City-St-Zip: CLERMONT, FL 34711

Title: P () Delete
Name: RAY, JAMES M
Address: 731 E. HWY 50
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES M RAY

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date