

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006363

**FILED**  
**May 04, 2010**  
**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

RAY, JAMES M M.D.  
1101 CITRUS TOWER BLVD.  
CLERMONT, FL 34711 US

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  
**Name:** BOYETTE, WADE  
**Address:** 1380 GRAND HWY- P.O. DRAWER 120848  
**City-St-Zip:** CLERMONT, FL 34712

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

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

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: JAMES M RAY

P

05/04/2010

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

\_\_\_\_\_  
Date