2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006363

1. Entity Name

NATIONAL TRAINING CENTER SPORTS MEDICINE INSTITUTE FOUNDATION, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90131 006 ****61.25

CLEMONT FL 34711 CLEMONT FL 3		···	600	WE IN									
Suite, Apt. #, etc. Cory & State	Principal Place of Business 731 E. HWY. 50 CLERMONT FL 34711			731 E. HWY. 50			1 12011111 1010 10	181 13411 23111 26111 69111		. 21(82 8(1	DO 1111 10 D1		
City & State	Principal Place of Business 3. Mailing Address												
Potential Country Zip Country St. Certification Status Desiron St. Additional Fee Required Fee Re	Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Section Sect	City & State				ity & State		4. FEI Number 59-3541559						
6. Name and Address of Current Registered Agent RAY, JAMES M M.D. 731 E. HWY. 50 CLERMONT FL 34711 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligationary registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligationary registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligationary registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligationary registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligationary registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligationary registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligationary registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. I am fam fair with, and accept the obligation registered agent, or both, in the State of Florida. 10. The	Zip Country			Zip		Country					8.75 Add	3.75 Additional	
RAY, JAMES M M.D. 731 E. HWY. 50 CLERMONT FL 34711 8. The above named enrity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colliquity and projectioned agent. SIGNATURE STATE IS \$61.25 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Internating State Address (P.O. Box Number is Not Acceptable) TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 130. ORAND HWY- P.O. DRAWER 120848 SIRCE NORS: 130. ORAND HWY- P.O. DRAWER 120848 SIRCE NORS: 130. ORAND HWY- P.O. DRAWER 120848 CLERMONT FL 34712 TILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 131. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 132. FLAY SO 133. E. HWY SO CLERMONT FL 34711 TILE 10. ORANGE STATE ADDITIONS SIRCE ADDITIONS SOME STATE ADDITIONS SIRCE	6. Name and Address of Current Registered Agent						-: '						
Table HWY. 50 CLERMONT FL 34711 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent. SIGNATURY SIGN						Name					,		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Company of registered agent. Company of registered agent.	731 E. HWY. 50					Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	CLERMONI		City				FI.	Zip Code					
SIGNATURE			·		<u></u>								
Trust Fund Contribution. Added to Fees Florida Department of State 10? OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VD Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME SIMON, JAMES K STREET ADDRESS ST	signature of registered agent.												
TITLE NAME NAME SINEET ADDRESS CITY-ST-ZIP TITLE NAME SINEET ADDRESS CITY-ST-ZIP SINEET ADDRESS CITY-ST-ZIP TITLE NAME SINEET ADDRESS CITY-ST-ZIP SINEET ADDRE	FILE NUW: FEE IS AD 1.25							\$5.00 May Be Added to Fees					
NAME STREET ADDRESS CITY-ST-ZIP			OFFICERS AND DIR	ECTORS	3	11.			ES TO OFFICERS A	ND DIRE	CTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 TITLE SD SIMON, JAMES K STREET ADDRESS CITY-ST-ZIP TITLE OCLERMONT FL 34711 TITLE SIMON, JAMES K STREET ADDRESS CITY-ST-ZIP TITLE SD SIMON, JAMES K STREET ADDRESS CITY-ST-ZIP TITLE SD CLERMONT FL 34711 STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	NAME B STREET ADDRESS 1	OYETTE, V 380 GRANI	HWY- P.O. DRAWER	12084		NAME STREET ADDRESS	RA 73	y James.	50		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME H STREET ADDRESS 4	IOFER, BR/ 81 E. HIGH	WAY 50		☐ Delete	NAME STREET ADDRESS	چو په	**************************************	• , .	- .	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS 7.	IMON, JAM 31 E. HWY	. 50	_	☐ Delete	NAME STREET ADDRESS				Ī	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME B STREET ADDRESS 7	OOR, PAU 31 E HIGH	NAY 50		Delete	NAME STREET ADDRESS					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREET ADDRESS				ĺ	Change	Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	NAME STREET ADDRESS				[Change	Addition	

12. I 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 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: >

ICE REQUIRED

1/03/03

(352) 394-960