

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000100215

1. Entity Name  
**PINNACLE PERFORMANCE SPORTS MEDICINE & REHABILITATION, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 21 PM 2:55

Principal Place of Business  
**CHARLES H. WALTMAN  
2824 MEMORIAL DRIVE  
SEBRING FL 33870**

Mailing Address  
**CHARLES H. WALTMAN  
2824 MEMORIAL DRIVE  
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. FEI Number  
**04-3717029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE NCT GROUP CPA'S LLP  
435 S. COMMERCE AVE.  
SEBRING FL 33870**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WALTMAN, CHARLES H**  
STREET ADDRESS **2824 MEMORIAL DRIVE**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **50002397839** ☐ Change ☐ Addition  
NAME **10/21/03--01080--019** **\*\*\$150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

**CHARLES H. WALTMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/13/03**  
Date

**(863) 381-4532**  
Daytime Phone #

CP25034 (10/02)

212

PINNACLE PERFORMANCE  
SPORTS MEDICINE & REHABILITATION  
CHARLES H. WALTMAN

October 13, 2003

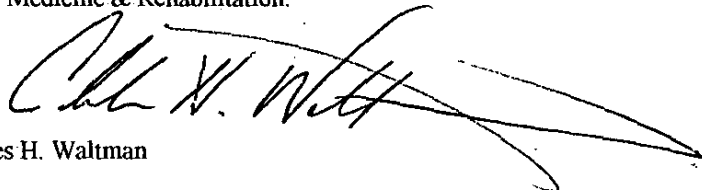
FLORIDA DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS

SUBJECT: ANNUAL BUSINESS REPORT: PINNACLE PERFORMANCE SPORTS MEDICINE &  
REHABILITATION.  
Ref. Number: P02000100215

This letter is in response to completing the Annual Business Report for Pinnacle Performance Sports Medicine and Rehabilitation. As you well know, a letter was sent on my behalf and provided from my Power of Attorney stating that I was called to Active Duty to participate in Operation Iraqi Freedom which prevented me from filing the Annual Business Report.

At this time, I am sending the Annual Business Report and submitting the \$150.00 original fee as ordered by the Florida Department of State. I am sending a copy of the letter that the Florida Department of State has sent me in order to show proof of our agreement. In addition, I would like to thank you for supporting my military deployment and honoring the original fee without late penalty. I appreciate your support in making my transition back into the civilian sector hassle free.

Pinnacle Performance  
Sports Medicine & Rehabilitation.



Charles H. Waltman