2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P03000042712

Entity Name: SPORTS HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

4501 VINELAND ROAD
SUITE 103
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4501 VINELAND ROAD
SUITE 103
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 53-4456831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, JEFF
4501 VINELAND ROAD
SUITE 103
ORLANDO, FL 32811 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TURNER, JEFF
Address: 1590 WOODLAND AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D ( ) Delete
Name: JOHNSON, JOEL
Address: 419 COURTLEA OAKS BOULEVARD
City-St-Zip: WINTER GARDEN, FL 34777 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL JOHNSON D 04/30/2007

Electronic Signature of Signing Officer or Director Date