

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000018256

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** T BOBO ATHLETIC MEDICINE, INC

**Current Principal Place of Business:**

108 FOREVER AV  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

108 FOREVER AV  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

**FEI Number:** 65-0951096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOBO, TODD T  
108 FOREVER AV  
LAKE PLACID, FL 33852 US

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

BOBO, TODD  
108 FOREVER AV  
LAKE PLACID, FL 33852 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:** TODD T BOBO

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BOBO, TODD T ATC  
**Address:** 108 FOREVER AV  
**City-St-Zip:** LAKE PLACID, FL 33852 US

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

**SIGNATURE:** TODD T BOBO

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date