FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000038615 (8)

SPORTS REHABILITATION & PERFORMANCE ENHANCEMENT

FILED May 14 1998 8:00am Secretary of State

CENTER, INC.						
Principal Place of Business		Mailing Address			iskon folio Aliaki kibbo baki 1889	
B25 U.S. HIGHWAY 1		825 U.S. HIGHWAY 1				
JUPITER FL		JUPITER FL 33477			DO 1107 115175 111 511	****
					DO NOT WRITE IN THE	S SPACE
					3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address			05/18/1994 4. FEI Number	
21		}¬ ~ ~	26			Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		65-0489791	Not Applicable \$8.75 Additional	
22 27		—			5. Certificate of Status Desired	Fee Required
		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due Jurie 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent
WE	EARY, DOUG		8	1 Name		
825 U.S. HIGHAY 1			8:	2 Street Add	Address (P.O. Box Number is Not Acceptable)	
JU	PITER FL 33477					
			8:	3		
			8-	City		85 Zip Code
				1 '	FI	
11. Pursuant office or i	to t he provisions of Sections 607.050 registered agent, or both, in the State	l2 and 607.1508, Flori da Sta tu ⊦of Florida, Such chan ge wa s	tes, the abor	ve-named corpora	poration submits this statement for the purpose lion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	om familiar with, and accept the obliga	ations of, Section 607.0505, FI	lorida Statut	os.	months board of directors. Thereby accept the ap	apointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered age OFFICERS AN			gent signature requi	red when reinstaling) DATE	
TITLE	D OFFICE NO AIN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	METANY POUG		1.2 NAME			Citation Cityounous
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	OPENAODEO EL COACO					Į į
TITLE	D	DELFTE	1.4 CITY - 2.1 TITLE	51-2Ir		Change Addition
NAME	PONCE DE LEON, ALVIN	-	2.2 NAME			C. Onlonge C. Madrian 4
STREET ADDRESS	APAR APPLIA CALIFOR			T ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477			ST-ZIP		
TITLE		DELETE 3.11		<u> </u>		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE			4.1 TITLE	· · · ·		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-\$1-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE	DELETE		6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		
CITY-ST-ZIP		·	6.4 CITY-1			
14. I hereby c	entry that the information supplied wi	th this filing does not auglify for	or the everor	Minn etated in	Section 119 07(3)(i) Florida Statutor, Lituribor o	partituthat the information

indicated on this arrival report or supplied with this introduced not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrival report or supplemental arrival 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. with an address ROBENT L. SLATER