

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003523 (4)

1. Corporation Name

SUNRISE SPORTS MEDICINE & REHABILITATION, INC.

Principal Place of Business

10082 W. OAKLAND PK. BLVD.
SUNRISE FL 33351
US

Mailing Address

10082 W. OAKLAND PK. BLVD.
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1995

4. FEI Number

65-0546754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOSS, PHILLIP E JR
1401 BARACOA TERRACE-
CORAL GABLES FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1401 BARACOA AVENUE

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Philip E. Goss, Jr.
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LAMM, DONALD M
STREET ADDRESS 6220 N.W. 23RD ROAD
CITY-ST-ZIP BOCA RATON FL 33433
☒ DELETE

1.1 TITLE D.P.S.
1.2 NAME PHILIP E. GOSS, JR.
1.3 STREET ADDRESS 1401 BARACOA AVENUE
1.4 CITY-ST-ZIP CORAL GABLES, FL. 33146
☒ Change ☐ Addition

TITLE D
NAME LAMM, JEFFREY
STREET ADDRESS 17290 SAINT JAMES COURT
CITY-ST-ZIP BOCA RATON FL 33496
☒ DELETE

2.1 TITLE D.P.S.
2.2 NAME CHARLES S. RIMMER
2.3 STREET ADDRESS 14610 BULL RUN ROAD #136
2.4 CITY-ST-ZIP MIAMI LAKES, FL. 33014
☒ Change ☐ Addition

TITLE D
NAME LAMM, STEVEN
STREET ADDRESS 17290 SAINT JAMES COURT
CITY-ST-ZIP BOCA RATON FL 33496
☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME LAMM, AARON
STREET ADDRESS 17290 ST JAMES COURT
CITY-ST-ZIP BOCA RATON FL 33496
☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Philip E. Goss, Jr.

4/21/98

(305) 1445-7116

CR2E034 (10/97)