FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000049380 (5)**

1. Corporation Name

SOUTH FLORIDA SPORTS MEDICINE CENTER, INC.

Principal Place of Business
5701 SUNSET DR.
MIAMI FL 33143

Mailing Address
5701 SUNSET DR.
MIAMI FL 33143

3. Date Incorporated or Qualified: 06/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1221 BRICKELL AVE.
Suite, Apt. #, etc.
22 # 1470
City & State
23 MIAMI, FLORIDA
Zip 24 33131 Country 25 DADE

2a. Mailing Address
26 1221 BRICKELL AVE.
Suite, Apt. #, etc.
27 # 1470
City & State
28 MIAMI, FLORIDA
Zip 29 33131 Country 30 DADE

4. FEI Number: 65-0592363 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MONTELLO, LOUIS R
701 BRICKELL AVE., STE. 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SAXON, BARBRA F.
82 Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVENUE STE.1470
83 MIAMI, FLORIDA 33131
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: Barbra F. Saxon
Signature, typed or printed name of registered agent, title if applicable — (NOTE: Registered Agent's signature required for registering) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☒ DELETE
NAME	SOCHET, ADAM
STREET ADDRESS	5701 SUNSET DR.
CITY-ST-ZIP	MIAMI FL 33143
TITLE	PD ☐ DELETE
NAME	SAXON, BARBRA F.
STREET ADDRESS	2000 TOWERSIDE TERRACE
CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD ☐ Change ☒ Addition
2.2 NAME	SAXON, BARBRA F.
2.3 STREET ADDRESS	2000 TOWERSIDE TERRACE
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138
3.1 TITLE	TD ☐ Change ☒ Addition
3.2 NAME	HOLTZ, ABEL
3.3 STREET ADDRESS	9999 COLLINS AVENUE, #PH3B
3.4 CITY-ST-ZIP	BAL HARBOUR, FLORIDA 33154
4.1 TITLE	V ☐ Change ☒ Addition
4.2 NAME	JACK QUANSTROM
4.3 STREET ADDRESS	2000 TOWERSIDE TERRACE
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138
5.1 TITLE	SD ☐ Change ☒ Addition
5.2 NAME	ULLMAN, MICHAEL
5.3 STREET ADDRESS	115 NORTH WEST 167th STREET
5.4 CITY-ST-ZIP	NORTH MIAMI, FLORIDA
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barbra Saxon, PRESIDENT — 5/8/96 — 305 373 0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)