2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069536

1. Entity Name

SOUTH FLORIDA INSTITUTE OF SPORTS MEDICINE, INC.

Principal Place	e of Busines:	s	Mailing Address				08-17-2000 90120 002 ***275.00				
1600 TOWN CENTER BOULEVARD SUITE C FT. LAUDERDALE FL 33326-3641			1600 TOWN CENTER BOULEVARD SUITE C FT. LAUDERDALE FL 33326-3641								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	El Number 65-06642	16		oplied For ot Applicable	
Zip <u>:</u>			Zip Coun		itry			\$8.75 Add			
6. Name and Address of Current I			egistered Agent			7. N	7. Name and Address of New Registered Agent				
-					Name	-, ,			<u> </u>		
DESIMONE, ALFRED A 1600-TOWN-CENTER-BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)						
SUIT		LITTLIT DOOLLYAND	-								
ŊT. Ł		City				F	Zip Cod	е			
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ed office or re	egistered age	ent, or both, in the State of F	lorida.			
SIGNATURE _	Cincolana Amand	as printed agent of parintered paper a	and title if applicable (NOT	E: Bogistore	d Anant signature r	ramiled when sai	inetation)	DATE			
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature r	required when rei	nstating)	DATE		<u> </u>	
9. This corpor	ration is elig	or printed name of registered agent a lible to satisfy its Intangible and elects to do so.	FILE NOW! After SEPTEMBER 1 Make Check Payab	!! FEE 3, 2000	IS \$550.00 Min. will be	\$750.00	10. Election Campaign F Trust Fund Contributi	inancing	\$5.0	May Be	
9. This corpor	ration is elig	ible to satisfy its Intangible and elects to do so.	FILE NOW! After SEPTEMBER 1 Make Check Payat	!! FEE 3, 2000	IS \$550.00 Min. will be epartment o	\$750.00 of State	10. Election Campaign F	inancing on.	\$5.0 Added	to Fees	
9. This corpor Tax filing re (See criteri 11. IIILE NAME STREET ADDRESS	vation is elig equirement a ia on back) VSD DESIMO	ible to satisfy its Intangible and elects to do so.	FILE NOW! After SEPTEMBER 1 Make Check Payab DIRECTORS Delete	III FEE 3, 2000 ble to De 12. TITLI NAM STRE	IS \$550.00 Min. will be epartment o	\$750.00 of State	10. Election Campaign F Trust Fund Contributi	inancing on.	\$5.0 Added	to Fees	
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accordate 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 be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all their like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATULE REQUIRED

☐ Delete

8/3/2000

FILED

Aug 17, 2000 8:00 am Secretary of State

08-17-2000 90120 001 ***275.00

954-389-590 Dayline Phone #

☐ Addition

☐ Change