2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # **P95000083060** AMERICAN ACADEMY OF GOLF MEDICINE, INC. 05-11-2001 90026 023 ***150.00 Principal Place of Business Mailing Address 900 NORTH WEST 13TH STREET 900 NORTH WEST 13TH STREET BUNTRALO SUITE 104 SUITE 104 BOCA RATON FL 33486 **BOCA RATON FL 33486** 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. FEI Number Applied For 65-0662271 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLINGHOFFER, TEDDY D Street Address (P.O. Box Number is Not Acceptable) 1 S.E. 3 AVE MIAMI FL 33131 City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE Delete TITLE NAME NAME GRUSKIN, ALAN STREET ADDRESS STREET ADDRESS 2802 N.W. 26TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 employeed to 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 attachan address all other like empowered. SIGNATURE:

Daytime Phone #