

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P95000083060

1. Entity Name
AMERICAN ACADEMY OF GOLF MEDICINE, INC.



Principal Place of Business
**900 NORTH WEST 13TH STREET
SUITE 104
BOCA RATON, FL 33486**

Mailing Address
**900 NORTH WEST 13TH STREET
SUITE 104
BOCA RATON, FL 33486**



05052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0662271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLINGHOFFER, TEDDY D
1 S.E. 3 AVE
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRUSKIN, ALAN
STREET ADDRESS	2802 N.W. 26TH STREET
CITY- ST- ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000563310
05/20/06-80006-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06 561 394-3587
Date Daytime Phone #