

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004198

1. Corporation Name

THE CENTER FOR SPORTS MEDICINE INC.

Principal Place of Business

9301 NORTH STATE ROAD AIA
VERO BEACH FL 32963

Mailing Address

9301 NORTH STATE ROAD AIA
VERO BEACH FL 32963

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90186 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

65-0631928

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 9301 S HWY AIA

Suite, Apt. #, etc.

22 City & State
23 Melbourne Beach FL

24 Zip
25 32951

2a. Mailing Address

26 9301 S HWY AIA

Suite, Apt. #, etc.

27 City & State
28 Melbourne Beach, FL

29 Zip
30 32951

9. Name and Address of Current Registered Agent

~~GARRISON, TAMARA~~
9301 NORTH A1A
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 BARRY GARCIA
83 Street Address (P.O. Box Number is Not Acceptable)
84 9301 N AIA
85 City
86 VERO BEACH FL
87 Zip Code
88 32963

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 BARRY GARCIA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/31/98
DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME GARRISON, TAMARA
STREET ADDRESS % 9301 NORTHSTATE ROAD AIA
CITY-ST-ZIP VERO BEACH FL 32963

TITLE P
NAME GARCIA, BARRY S
STREET ADDRESS % 9301 NORTHSTATE ROAD AIA
CITY-ST-ZIP VERO BEACH FL 32963

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

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98 301-388-3911
Date Daytime Phone #

CR2E034 (1/198)