

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000004198

1. Corporation Name

THE CENTER FOR SPORTS MEDICINE, INC.

FILED

01 APR 30 PM 6:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

13403 US HIGHWAY 1

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBASTIAN, FL

City & State

Zip

32958

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-12-96

5. FEI Number

65-0631928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARRY GARCIA

Street Address (P.O. Box Number is Not Acceptable)

9333 HIGHWAY A1A

Suite, Apt. #, Etc.

City

MELBOURNE BEACH

State

FL

Zip Code

32951

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

BARRY S. GARCIA

REGISTERED AGENT MUST SIGN

Date

4-23-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BARRY S. GARCIA	9333 HIGHWAY A1A A1A	32951 MELBOURNE BEACH, FL

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

BARRY S. GARCIA, PRES. BARRY S. GARCIA

4-23-01

(561)388-3911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

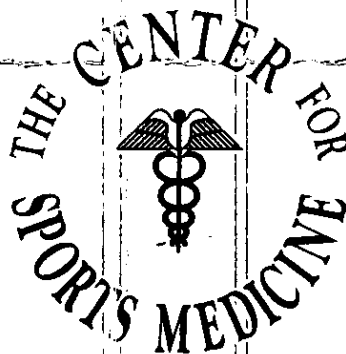
Daytime Phone #

CR2081 (9/00)

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DR. BARRY GARCIA, D.O., FAOASM

Sports Medicine
Fellow AOASM



TAMARA GARCIA, P.T.

Physical Therapy
Certified Strength and
Conditioning Specialist

April 24, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: The Center for Sports Medicine
Document # P96000004198

Dear Divisions of Corporations:

Enclosed is my application and fee to reinstate my corporation. I did not receive the 2000 Uniform Business Report. We have relocated the office.

Please reinstate the corporation and forward me a certificate of status. I apologize for any inconvenience.

Sincerely,

Barry S. Garcia, President