PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE 1 of 2

CORPORATION [redacted]

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

FILED
01 APR 30 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004198

1. Corporation Name
THE CENTER FOR SPORTS MEDICINE, INC.

2. Principal Office Address	3. Mailing Office Address
13403 US HIGHWAY 1	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

100004334331--T
-05/30/01--01052--024
****300.00 ****300.00

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 Date: 4-23-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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	MELBOURNE BEACH, FL 32951
			100004334331--T -05/30/01--01052--02 ******8.75 ******8.75
			1 1 78
			00-01 UBP

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 #

DR. BARRY GARCIA, D.O., FAOASM
Sports Medicine
Fellow AOASM

THE CENTER FOR SPORTS MEDICINE

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

Barry S. Garcia, President

13403 US HIGHWAY 1, SUITE 8D • SEBASTIAN, FL 32958 • Telephone (561) 388-3911 • FAX (561) 388-1955