Jun-13-02 07:39A Steven Lulich PA.

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
06-24-2002 90305 001 ***317.50

DOCUMENT # P96000004198

1. Entity Name
THE CENTER FOR SPORTS MEDICINE

DO NOT WRITE IN THIS SPACE

94430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13403 US Hwy. 1	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBASTIAN FL	City & State
Zip: 32958 Country: USA	Zip Country

4. FEI Number: 65.0631928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: BARRY S. GARCIA
Street Address (P.O. Box Number is Not Acceptable): 9333 Hwy A1A
City: MELBOURNE BEACH FL Zip Code: 32951

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 ______________________________ DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BARRY S. GARCIA 9333 HIGHWAY A1A MELBOURNE BCH, FL 32951	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry S. Garcia 6-14-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment
94429
94430

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

June 14, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32302-1500

To Whom It May Concern:

Enclosed please find our UBR's for the corporation's of "The Center for Sports Medicine" document # P96000004198 and "Sebastian Medical Associates" document # P98000002377.

This year we DID NOT receive our paperwork to file the reports therefore we are submitting these late. I do not feel we should be responsible for the late fee since we never received our renewal paperwork.

I have enclosed a check for $317.50 to cover both UBR's and both certificates of status.

Thank you.

Barry S. Garcia President

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