

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004198

1. Entity Name

THE CENTER FOR SPORTS MEDICINE

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90305 001 ***317.50

DO NOT WRITE IN THIS SPACE

94430

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2. Principal Place of Business 13403 US Hwy. 1 Suite, Apt. #, etc.		3. Mailing Address SAME 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			
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			

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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

Signature typed on the name of registered agent and the filer (check)

Date of Registration Agent Registration (see instructions)

DATE

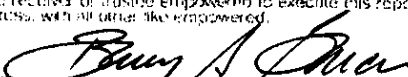
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT BARRY S. GARCIA 9333 Highway A1A Melbourne Bch, FL 32951	TITLE NAME STREET ADDRESS CITY-STATE-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)(b), Florida Statutes. I further certify that the information included 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 in an attachment with an address, with all other like empowered.

SIGNATURE:



6-14-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Department

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



attachment
94429
94430
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 A. Garcia President