

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000064956 (1)

1. Corporation Name
SPORTS SPECIALTY & REHABILITATION CENTER, INC.

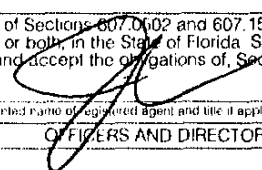
Principal Place of Business 13180 NO. CLEVELAND AVENUE STE 237 NO FORT MYERS FL 33903	Mailing Address 13180 NO. CLEVELAND AVENUE STE 237 NO FORT MYERS FL 33903-6231
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2. Principal Place of Business 21 13670 Metropolis Ave. Suite, Apt. #, etc. Suite 103 City & State Fort Myers, FL Zip 33912 Country USA		2a. Mailing Address 26 13670 Metropolis Avenue Suite, Apt. #, etc. Suite 103 City & State Fort Myers, FL Zip 33912 Country USA		3. Date Incorporated or Qualified 08/02/1996	3a. Date of Last Report
		4. FEI Number 05-0688953		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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

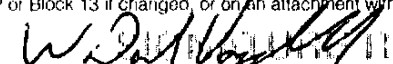
9. Name and Address of Current Registered Agent PANKOW, JACK 13180 NO. CLEVELAND AVENUE STE 237 NO FORT MYERS FL 33903		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13670 Metropolis Avenue 83 Suite 103 84 City Fort Myers FL 85 Zip Code 33912	
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11. Pursuant to the provisions of Sections 607.0602 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  (NOTE: Registered Agent signature required when reinstating) DATE **4/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDST	☐ DELETE	1.1 TITLE PRESIDENT, DIRECTOR	☒ Change ☐ Addition
NAME PANKOW, JACK		1.2 NAME W. Daniel Vogelbach	
STREET ADDRESS 13180 NO. CLEVELAND AVENUE STE 237		1.3 STREET ADDRESS 13670 Metropolis Avenue, Suite 103	
CITY-ST-ZIP NO FORT MYERS FL 33903		1.4 CITY-ST-ZIP Fort Myers, FL 33912	
TITLE	☐ DELETE	2.1 TITLE Secretary, Treasurer, Director	☒ Change ☐ Addition
NAME		2.2 NAME Jack Pankow	
STREET ADDRESS		2.3 STREET ADDRESS 13670 Metropolis Avenue, Suite 103	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Fort Myers, FL 33912	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **REQUIRED** DATE **4/17/97** DAYTIME PHONE **(941) 561-0700**

CR2E034 (9/96)