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

DOCUMENT # **P96000064956 (1)**

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

Principal Place of Business	Mailing Address
13180 NO. CLEVELAND AVENUE STE 237 NO FORT MYERS FL 33903	13180 NO. CLEVELAND AVENUE STE 237 NO FORT MYERS FL 33903-6231

3. Date Incorporated or Qualified: 08/02/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 13670 Metropolis Ave.	26 13670 Metropolis Avenue
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27 Suite 103
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip 24 33912 Country 25 USA	Zip 29 33912 Country 30 USA

4. FEI Number: 65-0688953 ☐ 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	10. Name and Address of New Registered Agent
PANKOW, JACK 13180 NO. CLEVELAND AVENUE STE 237 NO FORT MYERS FL 33903	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

11. Pursuant to the provisions of Sections 607.0502 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: [signature] 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 Vogelbacht
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	

CR2E034 (9/96)

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: [signature] SIGNATURE REQUIRED 4/17/97 (941) 561-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0396850