## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000088168

1. Entity Name

SPORTSMED, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90074 049 \*\*\*150.00

700 W LANTANA ROAD  LANTANA FL 33462  US  US  700 W LANTANA ROAD  LANTANA FL 33462  US						
2. Principle Place of Business   3. Mailting Address   5. June   4. FEI Number   Check HERE IF MAKING DHANGES   Applied For   Not Applicable   Applied For   Not Applied For   No	Principal Place of Business 700 W LANTANA ROAD LANTANA FL 33462 US		700 W LANTANA ROAD LANTANA FL 33462			1881   1881   1881   188
City & State    Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S.8.75 Additional Fee Required   Seath Additional   S	2. Principal Place of Business		3. Mailing Address			
Zip Country Zip Country Span Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.			
S. Neme and Address of Current Registered Agent  6. Name and Address of New Registered Agent  North No	City & State		City & State		4. FEI Number NOT APPLICABLE	
PORTER, JAMES A 700 W LANTANA ROAD LAKE WORTH FL 33462  City FL Zip Code  City FL Size of Registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligation of Florida agent a	Zip	Country	Zip	Country		
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TOO W LANTANA ROAD LAKE WORTH FL 33482  City FL Zip Code  City Fl				Name	چىنىيىنى مىلىنى ئىلىنىڭ ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىن ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى ئايىلىدىنى	
A. The above named entity submits in its statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, pred or screed rame of registered agent.    TILE NOW!!! FEE IS \$150.00				Street Address	(P.O. Box Number is Not Acceptable)	
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent speed or printed rame of registered agent agent agent agent agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent ag	LAKE WOF	RTH FL 33462				
SIGNATURE    Page   Pag		A STATE OF THE STA			<del></del> _	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will-be \$550.00 Make Check Payable to Florida Department of State  10.	8. The above the obligati	named entity submits this statement for ons of registered agents	or the purpose of changing its rec	gistered office or registe	ered agent, or both, in the State of Florida. I am far	niliar with, and accept
After May 1, 2003 Fee will-be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requin	red when reinstating) DATE	
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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 10 or Block 11 if changed, or on an attractiment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 (561) 585-3300