

Jan 13 2004 3:32PM KANE & COMPANY, P.A.

No. 3196 P. 1

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000057467 1. Entity Name KENDALL SPORTS MEDICINE, INC.	
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Principal Place of Business 6701 SUNSET DR., STE. 108 MIAMI, FL 33134	Mailing Address 6701 SUNSET DR., STE. 108 MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P 3R2E034 (10/03)

4. FEI Number 65-0642693	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DCME, CRAIG ESQ. 407 LINCOLN ROAD PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE _____

Signature, title, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BERNSTEIN, MARLEY J
STREET ADDRESS	6701 SUNSET DR., STE. 104
CITY-STATE-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/23/04-80045-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 its 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 attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Dec Phone #