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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90029 022 \*\*\*150.00

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **V62287**

Corporation Name

SPORTS, REHABILITATION AND PHYSICAL MEDICINE SPECIALISTS, INC.

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Principal Plac	ce of Business	Mailing Address			4 10511 BISBUS BINTO TODA CONTINUES BIGTI SIÈTI BIGTI SIGNI BIGTI SIGNI BIGTI SIGNI
3920 BEE RIDO	GE RD	1447 PEREGRINE POINT D	R		
		SARASOTA FL 34231	irasota fl. 34231		DO NOT WRITE IN THE CRACE
SARASOTA FL	. 34233				DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualifed 09/08/1992
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number · . Applied For
21		26			65-0346730 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired
City & Stat	te	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28   Zip	Country		
Zip <b>24</b>	25 Z	29	30	<i>'</i>	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes XNo
	9. Name and Address of C				10. Name and Address of New Registered Agent
	93° 11400 E KAEDAEA		81	Name	
TUC	CI, MARI E. KOERNER	O PHYSICAL MEDICASE -	· 82	Street Add	ress (P.O. Box Number is Not Acceptable)
227 <b>- 1447</b> 228 A C 247 B	7 PEREGRINE POINT DR	1. \$ 141 (2)(7)(2) (4) (2)(7) (3)(1)	.   02	Sugge Addi	tion to the contraction in the companion of the contraction of the con
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			84	City	85 Zip Code
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505/07 - 5187 P	A STATE CONTRACTOR OF CONTRACT	7.0000			tia
11. Pursuant	to the provisions of Sections 60 registered agent, or both, in the	07.0502 and 607.1508, Florida Statut State of Florida. Such change was a	es, the abov uthorized by	e-named corp the corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
11. Pursuant office or r	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo	es, the abov uthorized by rida Statutes	re-named corp the corporations.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
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SIGNATURE	am familiar with, and accept the Signature, typed or printed name of registe	obligations of, Section 607.0505, Flo	: Registered Age	<b>3</b> .	ed when reinstating) (\$ 1.3.55)
SIGNATURE	am familiar with, and accept the Signature, typed or printed name of registe OFFICER	obligations of, Section 607.0505, Flored agent and title if applicable.  (NOTE RS AND DIRECTORS	: Registered Age	<b>3</b> .	ed when reinstating) (3.5453) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registe  OFFICER	obligations of, Section 607.0505, Flored agent and title if applicable. (NOTE RS AND DIRECTORS	: Registered Age	<b>3</b> .	ed when reinstating) (\$1985) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registe  OFFICER  D  TUCCI, MARI E. KOERNE	obligations of, Section 607.0505, Flored agent and title if applicable. (NOTE RS AND DIRECTORS	: Registered Age 13. 1.1 TITLE 1.2 NAME	5. nt signature require	ed when reinstating) (3.54832) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I 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 algorithment with an address, with all gather like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MET BOSTOR FOR THE

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

641) 921-5809

CR2E034 (11/98)