

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90147 004 ***150.00

DOCUMENT # V62287

1. Entity Name
**SPORTS, REHABILITATION AND PHYSICAL MEDICINE
SPECIALISTS, INC.**



Principal Place of Business
**7147 CURTISS AVE
SARASOTA, FL 34231 US**

Mailing Address
**1447 PEREGRINE POINT DR
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0346730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUCCI, MARI E. KOERNER
1447 PEREGRINE POINT DR
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

8. 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 registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUCCI, MARI E. KOERNER
STREET ADDRESS	1447 PEREGRINE POINT DR
CITY - ST - ZIP	SARASOTA, FL
TITLE	VP
NAME	TUCCI, STEVEN M PHD
STREET ADDRESS	1447 PEREGRINE PT DR
CITY - ST - ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(i), 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 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 attachment with an address, with all other like empowered.

SIGNATURE: *Mari E. Koerner Tucci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mari E. Koerner Tucci
3/5/05

Date

941 921 5809

Daytime Phone #