

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007553

Entity Name: BARRY UNIVERSITY SCHOOL OF PODIATRIC MEDICINE
SPORTS MEDICINE CLUB CORP

Current Principal Place of Business:

2950 NE 190TH STREET
316
AVENTURA, FL 33180

Current Mailing Address:

2950 NE 190TH STREET
316
AVENTURA, FL 33180

FEI Number: 47-4639339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APT, RYAN J
2950 NE 190TH STREET
316
AVENTURA, FL 33180 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name APT, RYAN J
Address 2950 NE 190TH STREET APT 316
City-State-Zip: AVENTURA FL 33180

Title VP
Name CHRISTIANSEN, BRADLEY
Address 2950 NE 190TH STREET APT 316
City-State-Zip: AVENTURA FL 33180

Title SEC
Name PEREZ, JULIO
Address 479 NE 30TH STREET
City-State-Zip: MIAMI FL 33137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RYAN APT

PRESIDENT

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date