FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90031 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000074466

1. Entity Name
TOTAL HEALTH PHYSICAL MEDICINE, P.A.

Principal Place of Business
1974 14TH AVENUE
VERO BEACH, FL 32960

Mailing Address
1974 14TH AVENUE
VERO BEACH, FL 32960

94058144

03252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 1965 14th Avenue
Suite, Apt. #, etc.:
City & State: Vero Beach FL
Zip: 32960 Country: USA

3. Mailing Address: 1965 14th Avenue
Suite, Apt. #, etc.:
City & State: Vero Beach FL
Zip: 32960 Country: USA

4. FEI Number: 59-3532022 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEPANEK, CHRISTOPHER
~~2175 47TH TERRACE~~ 1112 WINDRIFTER WAY
VERO BEACH, FL ~~32966~~ 32963

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	☐ Delete
NAME	STEPANEK, CHRISTOPHER	
STREET ADDRESS	~~2175 47 TERRACE~~ 1112 Windrifter Way	
CITY-ST-ZIP	VERO BEACH, FL ~~32966~~ 32963	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Christopher Stepanek DC 4/12/04 7727822225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #