

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000040339

Entity Name: UNIVERSITY PHYSICAL MEDICINE, INC,

Current Principal Place of Business:

1224 OCALA RD.
TALLAHASSEE, FL 32304

Current Mailing Address:

1224 OCALA RD.
TALLAHASSEE, FL 32304 US

FEI Number: 45-5195249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLETTO, NICHOLAS W
1224 OCALA RD
TALLAHASSEE, FL 32304 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 PST
Name BELLETTO, NICHOLAS
Address 1224 OCALA RD.
City-State-Zip: TALLAHASSEE FL 32304

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS BELLETTO D.C.

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date