

**2024 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:**

BELLETO, 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 BELLETO, 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 BELLETO

**PRESIDENT**

**04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date