

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000067521

**Entity Name:** PHYSIO-MED INC.

**Current Principal Place of Business:**

443 PLAZA DR.  
EUSTIS, FL 32726

**FILED**  
**Dec 19, 2013**  
**Secretary of State**  
**CC4002257416**

**Current Mailing Address:**

443 PLAZA DR.  
EUSTIS, FL 32726

**FEI Number: 59-3333949**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TEPASKE, PIETER H  
443 PLAZA DRIVE  
EUSTIS, FL 32726 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           DIRECTOR  
Name           TEPASKE, PIETER H  
Address        443 PLAZA DRIVE  
City-State-Zip: EUSTIS FL 32726

Title           DIRECTOR  
Name           FRANSBERGEN, EWALD  
Address        30130 RAINEY RD  
City-State-Zip: SORRENTO FL 32776

*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: EWALD FRANSBERGEN**

**DIRECTOR**

**12/19/2013**

Electronic Signature of Signing Officer/Director Detail

Date