

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000067521

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

**Current Principal Place of Business:**

2765 S. BAY STREET  
EUSTIS, FL 32726

**Current Mailing Address:**

2765 S. BAY STREET  
EUSTIS, FL 32726 US

**FEI Number:** 59-3333949

**Certificate of Status Desired:** No

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

BULL, SCOTTIE  
2765 S. BAY STREET  
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:** SCOTTIE BULL

04/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            ELITE REHAB MANAGEMENT LLC  
Address        2765 S. BAY STREET  
City-State-Zip: EUSTIS FL 32726

Title            PRESIDENT  
Name            BULL, SCOTTIE  
Address        2765 S. BAY STREET  
City-State-Zip: EUSTIS FL 32726

*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:** SCOTTIE BULL

PRESIDENT

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date