

**2017 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**  
**Sep 25, 2017**  
**Secretary of State**  
**CC3379084723**

**Current Mailing Address:**

443 PLAZA DR.  
EUSTIS, FL 32726 US

**FEI Number: 59-3333949**

**Certificate of Status Desired: Yes**

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

BULL, SCOTTIE  
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: SCOTTIE BULL**

**09/25/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ELITE REHAB MANAGEMENT LLC  
Address        443 PLAZA DR.  
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**

**DIRECTOR**

**09/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date