

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067521

Entity Name: PHYSIO-MED INC.

Current Principal Place of Business:

443 PLAZA DR.
EUSTIS, FL 32726

Current Mailing Address:

443 PLAZA DR.
EUSTIS, FL 32726 US

FEI Number: 59-3333949

Certificate of Status Desired: No

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

02/11/2019

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

PRESIDENT

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date