

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000074466

**Entity Name:** TOTAL HEALTH PHYSICAL MEDICINE, P.A.

**Current Principal Place of Business:**

2006 32ND AVE  
VERO BEACH, FL 32960

**Current Mailing Address:**

2006 32ND AVE  
VERO BEACH, FL 32960 US

**FEI Number:** 59-3532022

**Certificate of Status Desired:** No

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

STEPANEK, CHRISTOPHER D  
6535 3RD PL  
VERO BEACH, FL 32968 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 D  
Name STEPANEK, CHRISTOPHER  
Address 6835 3RD PL  
City-State-Zip: VERO BEACH FL 32968

Title SECRETARY  
Name STEPANEK, JENNIFER  
Address 2006 32ND AVE  
City-State-Zip: VERO BEACH FL 32960

*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:** JENNIFER STEPANEK

**SECRETARY**

**02/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date