

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006921

1. Entity Name
PHYMED MEDICAL SUPPLY, L.C.

APPROVED
AND
FILED

00 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
310 W. CENTRAL PKWY.
STE 7500
ALTAMONTE SPRINGS FL 32714

Mailing Address
310 W. CENTRAL PKWY
STE 7500
ALTAMONTE SPRINGS FL 32714-2431

2. Principal Place of Business

3. Mailing Address

c/o Phymed Partners
Suite, Apt. #, etc.
710 MIAMI SPRINGS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Longwood FL

4. FEI Number

59-3605711

Applied For

Not Applicable

Zip

Country

Zip

32779

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHILLING, TRACY
445 DOUGLAS AVE., STE 2005-22
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00 ✓
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition
MANAGING MEMBER
PHYMED PARTNERS, L.C.
STREET ADDRESS
710 MIAMI SPRINGS DR.
CITY - ST - ZIP
LONGWOOD FL 32779

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition
MEMBER
PHYMED PARTNERS, INC.
STREET ADDRESS
710 MIAMI SPRINGS DR.
CITY - ST - ZIP
LONGWOOD FL 32779

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
600003266636--8
-05/25/00--01059--009
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

James McMichael
JAMES MCMICHAEL, MANAGER

REQUIRED

4-11-2000 407-786-9825

Date

Daytime Phone #

CR2ENK1999