

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000006924

1. Entity Name

ALTAMONTE PAIN & WELLNESS CENTER, L.C.

Principal Place of Business

258 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32714

Mailing Address

258 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701-4325

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

710 MIAMI SPRINGS DR.

LONGWOOD FL

32779

4. FEI Number

59-3583986

Applied For

Not Applicable

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
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
688883264036-6
-05/24/00-01042-009
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
JAMES MC MICHAEL, MANAGER

4-11-2000

Date

407-260-8370

Daytime Phone #

CR2E083 (9/99)