

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L99000006926

1. Entity Name
PHYMED PARTNERS, L.C.

00 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
455 DOUGLAS AVE. STE 1455
ALTAMONTE SPRINGS FL 32714

Mailing Address
455 DOUGLAS AVE. STE 1455
ALTAMONTE SPRINGS FL 32714-2587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
710 MIAMI SPRINGS DR
Suite, Apt. #, etc.

3. Mailing Address
710 MIAMI SPRINGS DR
Suite, Apt. #, etc.

City & State
LONGWOOD FL
Zip
FL 32779 Country

City & State
LONGWOOD FL
Zip
32779 Country

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER PHYMED PARTNERS INC. 710 MIAMI SPRINGS DR. LONGWOOD FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JAMES MC MICHAEL 710 MIAMI SPRINGS DR. LONGWOOD FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003264829--8 -05/24/00--01042--003 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JAMES MC MICHAEL, MANAGER

4-14-2000

Date

407-260-8370

Daytime Phone #

CR2E083 (9/99)