

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000008502

1. Entity Name: HUNTERS CREEK PAIN & WELLNESS CENTER, L.C.

00 MAY 18 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: [Blank]
Mailing Address: [Blank]

2. Principal Place of Business: 14050 TOWN LOOP BLVD, SUITE 105-4, ORLANDO FL 32827
3. Mailing Address: C/O PHYMED PARTNERS, 710 MIAMI SPRINGS DR., LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE
4. FEI Number: 58-2505005
5. Certificate of Status Desired: ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: SCHILLING, TRACY, 445 DOUGLAS AVE., SUITE 2005-12, ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent: [Blank]
City: FL Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MANAGING MEMBER
STREET ADDRESS		STREET ADDRESS	PHYMED PARTNERS, L.C.
CITY-ST-ZIP		CITY-ST-ZIP	710 MIAMI SPRINGS DR.
			LONGWOOD FL 32779
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MEMBER
STREET ADDRESS		STREET ADDRESS	PHYMED PARTNERS, INC.
CITY-ST-ZIP		CITY-ST-ZIP	710 MIAMI SPRINGS DR.
			LONGWOOD FL 32779
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	400003285464-4
STREET ADDRESS		STREET ADDRESS	-06/12/00--01119--015
CITY-ST-ZIP		CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] 4-4-2000 407-260-8370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)