

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90111 035 ***150.00

DOCUMENT # P01000120935

1. Entity Name
PHYZACC LABORATORIES, INC.



Principal Place of Business
**1300 N. WESTSHORE BLVD., STE 100
TAMPA FL 33759**

Mailing Address
**1300 N. WESTSHORE BLVD., STE 100
TAMPA FL 33759**



2. Principal Place of Business
1300 N. WestShore Blvd

3. Mailing Address
1300 N. WestShore Blvd

Suite, Apt. #, etc.
Ste 100

Suite, Apt. #, etc.
Ste 100

City & State
Tampa FL

City & State
Tampa FL

Zip Country
33607 USA

Zip Country
33607 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0552441**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE LAW OFFICES OF CHRISTOPHER P. CALKIN,
1715 N. WESTSHORE BLVD., STE 918
WESTSHORE CENTER
TAMPA FL 33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	COATES, BOBBY L	
STREET ADDRESS	2637 MCCORMINCK DR.	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	COATES, DEBORAH	
STREET ADDRESS	2637 MCCORMINCK DR.	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coates Bobby L.	
STREET ADDRESS	1300 N. WestShore Blvd - Ste 100	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coates Deborah	
STREET ADDRESS	1300 N. WestShore Blvd - Ste 100	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (813) 490-8500
Date Daytime Phone #

CR2E034 (10/02)