

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000066741

1. Entity Name
PHYCON MEDICAL SCIENCES, INC.



FILED
10 MAY 17 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13325 N. 56TH ST.
TAMPA, FL 33617 US

Mailing Address
13325 N. 56TH ST.
TAMPA, FL 33617 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05062010 Chg-P CR2E034 (11/08)

4. FEI Number

59-3207239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLERSY, PC
635 GILLETTE AVE.
TAMPA, FL 33617-3821

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
KLERSY, P.C.
635 GILLETTE AVE.
TAMPA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
600180472786
05/06/10--0101--014 **150.00

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/10 (813) 985-5818
EMAIL: PCK1@PHYCONMED.COM