

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041777

1. Entity Name

PHYSICIANS INJURY & WELLNESS CENTER, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90084 016 ***150.00

Principal Place of Business

5211 US HWY 19 N
STE. 200
NEW PORT RICHEY FL 34652
US

Mailing Address

5211 US HWY 19 N
STE. 200
NEW PORT RICHEY FL 34652-3967
US

00043403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 W. VINE ST

3. Mailing Address

P.O. Box 422405

Suite, Apt. #, etc.

STE #102

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34741

Country

USA

Zip

34742-2405

Country

USA

4. FEI Number

59-3385000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAULK, R. L.
577 MARKET SQUARE WEST
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

BENJAMIN S. LERNER

Street Address (P.O. Box Number is Not Acceptable)

700 W. VINE ST. ; STE #101

City

KISSIMMEE

FL

Zip Code

34741

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.

BENJAMIN S. LERNER

3/20/00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME LERNER, BENJAMIN S
STREET ADDRESS 5211 U.S. HWY 19 N., STE. 200
CITY-ST-ZIP NEW PORT RICHEY FL 34652
☐ Delete
ADDRESS CHANGE ONLY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BENJAMIN S. LERNER ☒ Change ☐ Addition
STREET ADDRESS 700 W. VINE ST. ; STE #102
CITY-ST-ZIP KISSIMMEE, FL 34741

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMIN S. LERNER

Date

3/20/00 (407)9351137

Daytime Phone