

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097012

1. Entity Name

PHY-MED INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90039 040 \*\*\*150.00

Principal Place of Business

6640 SOUTH U.S. HWY 1  
PORT ST LUCIE FL 34952

Mailing Address

6640 SOUTH U.S. HWY 1  
PORT ST LUCIE FL 34952

2. Principal Place of Business

1000 Virginia Avenue

3. Mailing Address

1000 Virginia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

65-0718543

Applied For

Not Applicable

Zip

34982

Country

St. Lucie

Zip

34982

Country

St. Lucie

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLER, LES  
6640 SOUTH HIGHWAY 1  
PORT ST LUCIE FL 34952

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

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

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALLER, LES  
CITY-ST-ZIP 5711 SPRUCE DR.  
FT PIERCE FL 34952

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Waller, Les  
CITY-ST-ZIP 2291 Sweet Water Drive  
Fort Pierce, FL 34981

TITLE ☐ Delete  
NAME S  
STREET ADDRESS LUND, SHARON H.  
CITY-ST-ZIP 6640 SOUTH U.S. #1  
PORT ST. LUCIE FL 34952

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Lund, Sharon H.  
CITY-ST-ZIP 414 S.W. Parish Terr.  
Port St. Lucie, FL 34984

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 with an address, with all other like empowered.

SIGNATURE:

*Les Waller*

Les Waller, President 4/25/01 (561) 466-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)