

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024778

1. Entity Name

INDUSTRIAL HEALTH MANAGEMENT, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90072 031 ***150.00

Principal Place of Business

4515 CURRY FORD ROAD
ORLANDO FL 32812

Mailing Address

4515 CURRY FORD ROAD
ORLANDO FL 32812

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3433834**

Applied for
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADKINS, FREDERICK L
4515 CURRY FORD ROAD
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

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

City

State 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 (Applicable)

(NOTE: Registered Agent signature required when re-submitting)

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 \$650.00
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 NAME STREET ADDRESS CITY-STATE-ZIP	D ADKINS, FREDERICK L 4515 CURRY FORD RD ORLANDO FL 32812	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ADKINS, JEFFREY D 4515 CURRY FORD RD ORLANDO FL 32812	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ADKINS, DAVID A 4515 CURRY FORD RD ORLANDO FL 32812	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a full other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

CR2E034 (10/00)