

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076688

1. Entity Name

PHYMED PARTNERS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90275 027 ***150.00

Principal Place of Business

455 DOUGLAS AVE
STE 1455
ALTAMONTE SPRINGS FL 32714

Mailing Address

455 DOUGLAS AVE
STE 1455
ALTAMONTE SPRINGS FL 32714-2587

2. Principal Place of Business

710 MIAMI SPRINGS DR.
Suite, Apt. #, etc.

3. Mailing Address

710 MIAMI SPRINGS DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD FL

Zip 32779

Country

City & State

LONGWOOD FL

Zip 32779

Country

4. FEI Number

59-3539057

Applied For

Not Applicable

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

Name

JAMES McMICHAEL

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

710 MIAMI SPRINGS DR.

City

LONGWOOD

FL

Zip Code

32779

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-14-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MCMICHAEL, JAMES
STREET ADDRESS 258 ALTAMONTE DR STE 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE PD ☒ Change ☐ Addition
NAME MCMICHAEL, JAMES
STREET ADDRESS 710 MIAMI SPRINGS DR.
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VP ☐ Delete
NAME MCMICHAEL, NANCY
STREET ADDRESS 258 ALTAMONTE DR STE 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE VPD ☒ Change ☐ Addition
NAME MCMICHAEL, NANCY
STREET ADDRESS 710 MIAMI SPRINGS DR.
CITY-ST-ZIP LONGWOOD, FL 32779

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
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES McMICHAEL, PRESIDENT

Date

4-14-2000

Daytime Phone #

407-260-8370