2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P08000028516

Entity Name: NEUROMUSCULAR THERAPY OF TAMPA INC.

Current Principal Place of Business:

8845 BYRON DR.
TAMPA, FL 33615

New Principal Place of Business:

4003 S. WESTSHORE BLVD
4010
TAMPA, FL 33611

Current Mailing Address:

8845 BYRON DR.
TAMPA, FL 33615

New Mailing Address:

P.O. BOX 320275
TAMPA, FL 33679

FEI Number: 26-2201469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVENSTEIN, SAMUEL
8845 BYRON DR.
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

EVENSTEIN, SAMUEL
4003 S. WESTSHORE BLVD
4010
TAMPA, FL 33611 US

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: _____ 03/05/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EVENSTEIN, SAMUEL
Address: 8845 BYRON DR.
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EVENSTEIN, SAMUEL
Address: 4003 S. WESTSHORE BLVD, # 4010
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL EVENSTEIN MR. 03/05/2009
Electronic Signature of Signing Officer or Director — Date