FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **L48909** **(0)**

1. Corporation Name
ST. JOHN NEUROMUSCULAR THERAPY SEMINARS, INC.

Principal Place of Business
C/O PAUL ST. JOHN
10950-72ND ST N., SUITE 101
LARGO FL 34647

Mailing Address
C/O PAUL ST. JOHN
10950-72ND ST N., SUITE 101
LARGO FL 34647

3. Date Incorporated or Qualified: 02/05/1990
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business
21 10710 SEMINOLE BLVD
Suite, Apt. #, etc.
22 SUITE 2
City & State
23 SEMINOLE FL
Zip 24 34648 Country 25

2a. Mailing Address
26 10710 SEMINOLE BLVD
Suite, Apt. #, etc.
27 SUITE 2
City & State
28 SEMINOLE FL
Zip 29 34648 Country 30

4. FEI Number: 59-2998387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
ST. JOHN, PAUL
10950-72ND ST N., SUITE 101
LARGO FL 34647

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Paul St John
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ST. JOHN, PAUL	
STREET ADDRESS	10950-72ND ST N #101	
CITY-ST-ZIP	LARGO FL	
TITLE	DST	☒ DELETE
NAME	ST. JOHN, DAWN	
STREET ADDRESS	10950-72ND ST N #101	
CITY-ST-ZIP	LARGO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	10710 SEMINOLE BLVD SUITE 2	
1.4 CITY-ST-ZIP	SEMINOLE, FL 34648	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul St John
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96
Date

813-392-2699
Daytime Phone #