

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -7 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110056

1. Entity Name
JOHN OSGOOD NEUROMUSCULAR THERAPY, INC.



Principal Place of Business
4685 TAMiami TRAIL NORTH
NAPLES, FL 34103

Mailing Address
4685 TAMiami TRAIL NORTH
NAPLES, FL 34103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11022004

REIN-P

CR2E098 (6/04)

4. FEI Number
59-3680802

☒ 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

OSGOOD, JOHN LMT
4685 TAMiami TRAIL NORTH
NAPLES, FL 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when collecting)

DATE

2-3-05

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVTs
OSGOOD, JOHN
4685 TAMiami TRAIL NORTH
NAPLES, FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
UN0000184384
01/20/05-80029-008 150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~02/11/05 01018-001 **158.75~~ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700046418357
02/11/05-01018-001 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05

239 293-2199

Date

Daytime Phone #

2/3/05

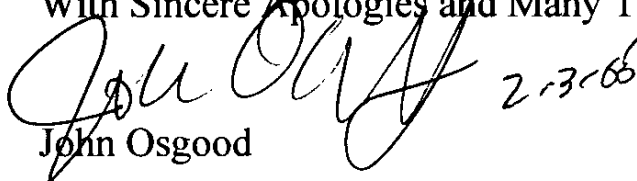
John Osgood Neuromuscular Therapy, Inc
4685 Tamiami Trail North
Naples, FL 34103
(239) 263-6062

To Whom it May Concern:

Please accept my apologies for failing to file the 2004 annual report.

In the past I had received a large package via the mail referencing the renewal and now as I understand it, the paperwork has been reduced to a postcard size notification in which I did not receive. It is my intent to continue in good standing for my business. This year has proved many unexpected hardships for my corporation so I ask that you please consider accepting the \$150 payment to reinstate my corporation.

With Sincere Apologies and Many Thanks,


John Osgood 2-3-05

Mr. Dunlap

This is a copy of the letter we sent in with the \$150 2004 fee about 2 weeks ago.