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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000011090 1. Entity Name C & T NEUROMUSCULAR, INC.					
Principal Place of Business 6387 CENTRAL AVE ST PETERSBURG, FL 33710			Mailing Address 5641- 1ST AVE N ST PETERSBURG, FL 33710		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3697917	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BAUER, THOMAS J 5641 1ST AVE N ST PETERSBURG, FL 33710					
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>FILE NOW!! FEES \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p> </div> <div style="width: 50%;"> <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAUER, THOMAS J 5641 1 AVE N ST PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAUER, CHRISTINE L 5641 1 AVE N ST PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: <u>Thomas J. Bauer</u> 7/16/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CH2E034 (10/02)

ppp

Chechele & Jensen, LLC

T. Samantha Chechele, Esq.

Paul C. Jensen, Esq.

5625 Central Avenue
St. Petersburg, FL 33710
Phone: (727) 381-6007 • Facsimile: (727) 381-7909
June 30, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: C & T Neuromuscular, Inc.

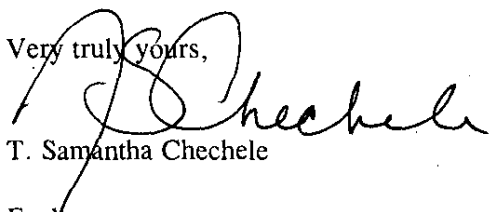
Dear Sir or Madam:

I am writing on behalf of the above-referenced corporation, concerning the 2003 UBR. The officers and shareholders of the corporation did not receive the UBR form for 2003. When they became aware that the form was overdue, they contacted our office for a replacement form. Unfortunately, that was after the original due date.

Enclosed is a replacement UBR form, signed by an officer, as well as a check in the amount of \$150.00. We respectfully request that you accept that as payment in full of the 2003 renewal fee. Payment of the penalty amount would result in extreme financial hardship to the corporation's officers and shareholder, a married couple.

Thank you for your consideration in this matter.

Very truly yours,


T. Samantha Chechele

Enclosures