

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043943

FILED
Mar 02, 2009
Secretary of State

Entity Name: MUSCULAR INJURY SPECIALIST, INC

Current Principal Place of Business:

2134 SW 12TH PLACE
CAPE CORAL, FL 33991

New Principal Place of Business:

2134 SW 12TH PLACE
CAPE CORAL, FL 33991 US

Current Mailing Address:

2134 SW 12TH PLACE
CAPE CORAL, FL 33991

New Mailing Address:

2134 SW 12TH PLACE
CAPE CORAL, FL 33991 US

FEI Number: 65-1118563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISINGER, MICHELLE
2134 SW 12TH PLACE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

REISINGER, MICHELLE PRES
2134 SW 12TH PLACE
CAPE CORAL, FL 33991 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: MICHELLE REISINGER

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: REISINGER, MICHELLE
Address: 2134 SW 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33991 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE REISINGER

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date