

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043943

FILED
Mar 02, 2011
Secretary of State

Entity Name: MUSCULAR INJURY SPECIALIST, INC

Current Principal Place of Business:

2134 SW 12TH PLACE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

303 SAN BERNARDINO STREET
FORT MYERS, FL 33903 US

Current Mailing Address:

2134 SW 12TH PLACE
CAPE CORAL, FL 33991 US

New Mailing Address:

PO BOX 3678
FORT MYERS, FL 33918

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 PRES
2134 SW 12TH PLACE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

REISINGER, MICHELLE PSTD
303 SAN BERNARDINO STREET
FORT MYERS, FL 33903 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

03/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD
Name: REISINGER, MICHELLE
Address: 303 SAN BERNARDINO STREET
City-St-Zip: FORT MYERS, FL 33903 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE REISINGER

PSTD

03/02/2011

Electronic Signature of Signing Officer or Director

Date