

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131793

FILED  
Aug 22, 2005  
Secretary of State

**Entity Name:** PALM BEACH MUSCLE THERAPY GROUP, INCORPORATED

**Current Principal Place of Business:**

249 PERUVIAN AVE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2123  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 61-1444815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEACHAM, HORACE E JR  
249 PERUVIAN AVE, RS-1  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BEACHAM, LUCINDA  
Address: 249 PERUVIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

**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 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 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: LUCINDA YEUTTER BEACHAM

P

08/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date