

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000092976

1. Entity Name

THE MUSCLE DOCTORS INC.



Principal Place of Business

545 MILWAUKEE AVE.
ORANGE PARK FL 32073
US

Mailing Address

545 MILWAUKEE AVE.
ORANGE PARK FL 32073
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 14-1976173

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

D'AMBROSIO, LMT, KIM
545 MILWAUKEE AVE.
ORANGE PARK FL 32073

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 title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME D'AMBROSIO, LMT, KIM ☐ Delete
STREET ADDRESS 545 MILWAUKEE AVE.
CITY-STATE-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000766282
CITY-STATE-ZIP 06/14/07-80001-008 150.00

TITLE VP ☐ Delete
NAME D'AMBROSIO, LMT, KIM
STREET ADDRESS 545 MILWAUKEE AVE.
CITY-STATE-ZIP ORANGE PARK FL 32073

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

TITLE SEC ☐ Delete
NAME D'AMBROSIO, LMT, KIM
STREET ADDRESS 545 MILWAUKEE AVE.
CITY-STATE-ZIP ORANGE PARK FL 32073

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

TITLE TRE ☐ Delete
NAME D'AMBROSIO, LMT, KIM
STREET ADDRESS 545 MILWAUKEE AVE.
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Daytime Phone