# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2009**
**Secretary of State**

DOCUMENT# P05000112432

**Entity Name:** ALBON NEUROMUSCULAR THERAPY, INC.

**Current Principal Place of Business:**

18500 59TH ST W
BRADENTON, FL 34209

**New Principal Place of Business:**

1850C 59TH ST W
BRADENTON, FL 34209

**Current Mailing Address:**

P O BOX 3018
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number: 20-3741682** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GANS, RICHARD R
1515 RINGLING BLVD
10TH FLOOR
SARASOTA, FL 34236 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ALBON, MICHELLE R
Address: 18500 59TH ST W
City-St-Zip: BRADENTON, FL 34209

Title: VP/D ( ) Delete
Name: ALBON, NICHOLAS
Address: 18500 59TH ST W
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: ALBON, MICHELLE R
Address: 1850C 59TH ST W
City-St-Zip: BRADENTON, FL 34209

Title: VP/D (X) Change ( ) Addition
Name: ALBON, NICHOLAS
Address: 1850C 59TH ST W
City-St-Zip: BRADENTON, FL 34209

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: NICHOLAS ALBON VP/D 04/20/2009

Electronic Signature of Signing Officer or Director — Date