

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112432

FILED
Jan 30, 2011
Secretary of State

Entity Name: ALBON NEUROMUSCULAR THERAPY, INC.

Current Principal Place of Business:

1850C 59TH ST W
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

P O BOX 3018
SARASOTA, FL 34230

New Mailing Address:

1850C 59TH ST W
BRADENTON, FL 34209

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

OFFICERS AND DIRECTORS:

Title: PD
Name: ALBON, MICHELE R
Address: 1850C 59TH ST W
City-St-Zip: BRADENTON, FL 34209

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

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: NICHOLAS ALBON

VP/D

01/30/2011

Electronic Signature of Signing Officer or Director

Date