


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90016 005 \*\*\*150.00

<b>DOCUMENT # P05000118981</b>	
1. Entity Name MUSCLE REHAB, INC.	

Principal Place of Business 4097 MALDEN DRIVE SARASOTA, FL 34241	Mailing Address 4097 MALDEN DRIVE SARASOTA, FL 34241
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40079318



03132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3364248	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233	

7. Name and Address of New Registered Agent	
Name <u>SAMANTHA HAYNES LMT</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4097 MALDEN DR.</u>	
City <u>SARASOTA</u>	FL Zip Code <u>34241</u>

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 <u><i>Samantha Haynes LMT</i></u>	(NOTE: Registered Agent signature required when reinstating)	DATE <u>3-28-07</u>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P HAYNES, SAMANTHA M 4097 MALDEN DRIVE SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V HANDRICH, RYAN D 4097 MALDEN DRIVE SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Samantha Haynes LMT</i></u>	DATE <u>3-28-07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #