

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028516

FILED
Apr 20, 2011
Secretary of State

Entity Name: NEUROMUSCULAR THERAPY OF TAMPA INC.

Current Principal Place of Business:

7901 NORTH ARMENIA AVENUE
SUITE D
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15363
TAMPA, FL 33684

New Mailing Address:

7901 NORTH ARMENIA AVENUE
D
TAMPA, FL 33604

FEI Number: 26-2201469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVENSTEIN, SAMUEL
7901 NORTH ARMENIA AVENUE
SUITE D
TAMPA, FL 33604 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: MR
Name: EVENSTEIN, SAMUEL
Address: 7901 NORTH ARMENIA AVENUE, SUITE D
City-St-Zip: TAMPA, FL 33604

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: SAMUEL EVENSTEIN

OWNE

04/20/2011

Electronic Signature of Signing Officer or Director

Date