2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-16-2004 90004 014 ***150.00
P92000011364

DOCUMENT # P92000011364

1. Entity Name
NEURO-MYOLOGY THERAPY, INC.

FILED
04 JUL 23 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

440491137

Principal Place of Business	Mailing Address
2030-A WASHINGTON STREET HOLLYWOOD, FL 33020	2030-A WASHINGTON STREET HOLLYWOOD, FL 33020

07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0373905
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, SCOTT S
2030-A WASHINGTON STREET
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FOSTER, SCOTT S
STREET ADDRESS	2030-A WASHINGTON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

7/1/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 7/1/04 954-527-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NMTI

NEURMYO - THERAPY, INC.

Attachment
44049137
#P92000011364

July 2, 2004

Re: Dr. Scott S. Foster, P.A.

Dear State of Florida,

Enclosed please find my check for $150.00 for the original fee. I apologize for sending this late, by my mother was terminally ill and subsequently passed away at the time these notices were due.

My history of 23 years of timely payments hopefully will show my intent.

Sincerely,

Dr. Scott S. Foster, P.A.

Dr. Scott S. Foster

SSF/sp

2030-A WASHINGTON STREET • HOLLYWOOD, FLORIDA 33020 • PHONE (954) 925-9474