2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000016620

1. Entity Name
NEUROMUSCULAR THERAPY OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
9425 SUNSET DR SUITE #186 MIAMI, FL 33173 US	9425 SUNSET DR SUITE #186 MIAMI, FL 33173 US

DO NOT WRITE IN THIS SPACE

01022008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0391619	Not Applicable

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

6. Name and Address of Current Registered Agent

GAVILANEZ, MARIA A
7751 NE BAYSHORE CT
#2B
MIAMI, FL 33138

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000815187
02/13/08-90074-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	GAVILANEZ, MARIA A
STREET ADDRESS	7751 NE BAYSHORE CT
CITY-ST-ZIP	MIAMI, FL 33138

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

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: _Maria A. Gavilanez_   Maria A. Gavilanez   1/30/2008   305-596-4876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #