

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000022974

Entity Name: THE MUSCLE CLINIC, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14140 8TH ST.  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

14140 8TH ST.  
DADE CITY, FL 33525 US

**New Mailing Address:**

FEI Number: 65-0404283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TASCHNER, NANCY A  
28506 BAYHEAD ROAD  
DADE CITY, FL 33525 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: D  
Name: TASCHNER, NANCY A  
Address: 28506 BAYHEAD RD.  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: TASCHNER, WILLIAM A  
Address: 28506 BAYHEAD RD  
City-St-Zip: DADE CITY, FL 33523

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: NANCY A TASCHNER

O/D

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date