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**Apr 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079823 (9)
1. Corporation Name
THERAPEUTIC MUSCULAR REHABILITATION, INC.



Principal Place of Business Mailing Address
5386 SPRING HILL DR. SUITE 404 SPRING HILL FL 34606

3. Date Incorporated or Qualified **11/15/1993** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business 21 11217 Spring Hill Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 11217 Spring Hill Dr. Suite, Apt. #, etc.	4. FEI Number 59-3211524	Applied For Not Applicable
22. City & State 23 Spring Hill, FL	27. City & State 28 Spring Hill, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip Country 24 34609 25 USA	29. Zip Country 29 34609 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent DISCALA, MARY E 5386 SPRING HILL DR. SUITE 404 SPRING HILL FL 34606		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DISCALA, MARY E 5386 SPRING HILL DR. SUITE 404 SPRING HILL FL 34606		10. Name and Address of New Registered Agent	
81 Name	Mary E. DiScala		
82 Street Address (P.O. Box Number is Not Acceptable)	11217 Spring Hill Dr.		
83			
84 City	Spring Hill	85 Zip Code	FL 34609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVPS <input type="checkbox"/> DELETE	1.1 TITLE	PVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISCALA, MARY E.	1.2 NAME	Mary E. DiScala
STREET ADDRESS	5386 SPRINGHILL DR	1.3 STREET ADDRESS	11217 Spring Hill Dr.
CITY-ST-ZIP	SPRINGHILL FL	1.4 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Mary E DiScala Pres** **3/31/97 (352) 666-0880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)