FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F

P93000079823 (9)

THERAPEUTIC MUSCULAR REHABILITATION, INC.

FILED Apr 02 1998 8:00am Secretary of State

							į.				186 110 (88)
Deigning Ding	a of Dissipance			Maritia and Adalas and				I 40 5 470 51 4 10 01 41 1 01 1 01 1 1		i i i i i i i i i i i i i i i i i i i 	
•	e of Business		•	Mailing Address			- 1				
112717 SPRII SUITE 404	NG HILL DR			112717 SPRING HILL SUITE 404	DR		- 1				
SPRING HILL FL 34609				SPRING HILL FL 34609				DO NOT WRITE IN THIS SPACE			
US				US			Ì	3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·		1
								11/15/1993			-
2. Principal P	Place of Busines	is .	_ 20	Mailing Address				4. FEI Number		Ap	oplied For
21 1131	7 <i>Soci</i> a	no Hill	Or. 26	וומוד 5	POCIO	Hill	\mathcal{D}^{\dagger}	59-3211524		No	ot Applicable
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.	1	,		5. Certificate of Status Desired		\$8.75	Additional
22			27					9. Certificate of Status Desired		Fee Re	equired
City & Stat	te		<u> </u>	City & State				6. Election Campaign Financing	_		Мау Ве
23			28					Trust Fund Contribution		Added	to Fees
Zip		Country		Zip 1	Coun	try		8. This corporation owes or has p			_ ~
24	25		29		30			Personal Property Tax due Jun		_	<u> </u>
			f Current Reg	istered Agent		11 Name		10. Name and Address of New R	egisterea	Agent	
	ARY E DISCAL				*	Ivaille					
	217 SPRING I	HILL DR			Ē	Street A	Addres	s (P.O. Box Number is Not Accepta	ble)		
	JITÉ 404				-						
SP	Pring Hill Fl	. 34609			•	13					
					6	4 City			FL	85 Zip (Code
11. Pursuant	to the provision	s of Sections	607.0502 and	607.1508. Florida Str	atutes, the abo	ve-named	corpor	ation submits this statement for the		t changing it	ts registered
office or a	registered agen	t, or both, in t	he State of Flo	rida Such change w	as authorized	by the corp	poration	ation submits this statement for the 's board of directors. I hereby acce	pt the app	ointment as	registered
	arii raiimia tem,	and accept in	ne obligations	of, Section 607.0505	, Florida Statu	tes.					
SIGNATURE		,			,		rangi dravel	uch an eximatation \	DATE		
SIGNATURE	Signature, typed or p	printed name of reg	pstered agent and hi	tled applicable (NOTE: Rogistered i		required :		DATE	DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or p	printed name of reg		tled applicable (NOTE: Rog-stered /	Agent signature	required :	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or p	printed name of reg OFFIC	pstered agent and hi	tte d'applicable (NOTE: Rogistered /	Agent signature	required				
SIGNATURE 12. TITLE NAME	Signature, typed or p PVPS DISCALA,	printed name of reg OFFIC	pstered agent and til ERS AND DIRE	tte d'applicable (NOTE: Rogistered / 13. 1.1 TITL 1.2 NAV	Agent signature	required ·				
SIGNATURE 12. TITLE NAME STREET ADDRESS	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	tte d'applicable (NOTE: Rogistered / 13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature E E EET ADDRESS	required :				
SIGNATURE 12. TITLE NAME	Signature, typed or p PVPS DISCALA,	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	tte d'applicable (NOTE: Rogistered / 13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signalura E IE EET ADDRESS '-ST-ZIP	required				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	lle d applicable (ECTORS DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	Agent signature E E E E E E E T T T T T T	required			Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	lle d applicable (ECTORS DELETE	13. 1.1 TITE 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITE 2.2 NAN	Agent signature E IE EET ADDRESS '-ST-ZIP E	beriuper			Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	lle d applicable (ECTORS DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR	Agent signature E IE EET ADDRESSST-ZIP E IE EET ADDRESS	required			Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	lle d applicable (ECTORS DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR	Agent signature E E EET ADDRESS -ST-ZIP E EET ADDRESS K-ST-ZIP	required			Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITE	E E E E E E E E E E E E E E E E E E E	required			☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITE 3.2 NAM	E E E E E E E E E E E E E E E E E E E	required :			☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITE 3.2 NAM 3.3 STRI	Agent signature E E E E E E E E E E E E E	required :			☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITE 3.2 NAM 3.3 STRI	Agent signature E E E E E E E E E E E E E E E E E E	required			☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR: 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR: 3.4 CIT 4.1 TITL	Agent signature E E E E E E E E E E E E E	required			☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM	Agent signature E EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E AE	required			☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI	Agent signature E EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS A-ST-ZIP E EET ADDRESS A-ST-ZIP E EET ADDRESS A-ST-ZIP E EET ADDRESS A-ST-ZIP E EET ADDRESS	required			☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI	E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E	required			☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE) DELETE DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL	Agent signature E E E E E E E E E E E E E	required			☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE) DELETE DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	Agent signature E EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E	required			☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE) DELETE DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	Agent signature E E E E E E E E E E E E E	required			☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVPS DISCALA, 11217 SPI	OFFIC MARY E. RING HILL D	pstered agent and til ERS AND DIRE	III d application (CECTORS DELETE) DELETE DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	E EET ADDRESS -ST-ZIP	required			☐ Change ☐ Change ☐ Change	Addition Addition Addition

14. 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 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.

6.3 STREET ADDRESS

SIGNATURE: X Mary & V. Srda Bu

STREET ADDRESS

CITY-ST-ZIP

3-25-98 666-08

CR2E034 (1