

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000000601**

**1. Entity Name**  
**MEILUS MUSCULAR THERAPY CLINIC, INC.**



**Principal Place of Business**  
8301 49TH ST N.  
STE. 201  
PINELLAS PARK, FL 33781 US

**Mailing Address**  
331 N TESSIER DR  
SAINT PETERSBURG, FL 33706 US



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**69-3148075**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

MEILUS, ALGIS  
8301 49TH ST N  
PINELLAS PARK, FL 33781

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000038496  
02/06/04-80141-013 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** MEILUS, ALGIS  
**STREET ADDRESS** 8301 49TH ST N  
**CITY - ST - ZIP** PINELLAS PARK, FL

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/04 727-547  
1233