2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000000601

1. Entity Name
MEILUS MUSCULAR THERAPY CLINIC, INC.

Principal Place of Business	Mailing Address
8301 49TH ST N. STE. 201 PINELLAS PARK, FL 33781 US	331 N TESSIER DR SAINT PETERSBURG, FL 33706 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3222922	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

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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)

U000000580852
01/10/07-80064-023 150.00

· DATE ·

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	MEILUS, ALGIS	
STREET ADDRESS	8301 49TH ST N	
CITY-ST-ZIP	PINELLAS PARK, FL	
TITLE		
NAME		
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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: _al meilus_   1/4/07   7275471233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #