

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000601

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8301 49TH ST N.  
STE. 201  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

331 N TESSIER DR  
SAINT PETERSBURG, FL 33706 US

**New Mailing Address:**

**FEI Number:** 59-3222922      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MEILUS, ALGIS  
8301 49TH ST N  
PINELLAS PARK, FL 33781 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: PD  
Name: MEILUS, ALGIS  
Address: 8301 49TH ST N  
City-St-Zip: PINELLAS PARK, FL

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: AL MEILUS

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

PRES

01/12/2012

\_\_\_\_\_ Date