

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90158 016 ***158.75

DOCUMENT # P94000011612

1. Entity Name
MYO-FUNCTIONAL THERAPY, INC.



Principal Place of Business
**8221 WEST GLADES ROAD
STE. 205
BOCA RATON FL 33434**

Mailing Address
**8221 WEST GLADES ROAD
STE. 205
BOCA RATON FL 33434**

2. Principal Place of Business
**1612 BOCA RATON BLVD.
Suite, Apt. #, etc.
SUITE 7.**

3. Mailing Address
**1612 BOCA RATON BLVD.
Suite, Apt. #, etc.
SUITE 7.**

City & State
BOCA RATON FL.
Zip
33432
Country
U.S.A.

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Zip
33432
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U.S.A.

4. FEI Number
65-0462885

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, GEORGE D.
8221 WEST GLADES ROAD
STE. 205
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name
GEORGE DUKE WILLIAMS
Street Address (P.O. Box Number is Not Acceptable)
**1612 BOCA RATON BLVD.
SUITE 7.**
City
BOCA RATON FL Zip Code
33432

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 **GEORGE DUKE WILLIAMS**

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

2-25-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
SD	WILLIAMS, KATHLEEN C. 7511 PANAMA ST. MIRAMAR FL		
PD	WILLIAMS, GEORGE D. 7511 PANAMA ST. MIRAMAR FL		

CR2E034 (10/02)

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 life empowered.

SIGNATURE: **GEORGE DUKE WILLIAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03

Date

561-862-5899

Daytime Phone #