

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 15 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012342 (9)

1. Corporation Name

FLORIDA MUSCULAR HEALTH CENTER, INC.

Principal Place of Business

2800 66TH STREET N
PINELLAS PARK FL 34665
US

Mailing Address

2800 66TH STREET N
PINELLAS PARK FL 34665
US

3. Date Incorporated or Qualified
02/11/1994

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

21 7740 - 66TH St North

2a. Mailing Address

26 7740 - 66TH Street North

4. FEI Number
59-3221541

NEW #
59-334-2633X

Applied For
Not Applicable

22 Suite, Apt. #, etc.

22 Smellas Park,

27 Suite, Apt. #, etc.

27 Smellas Park, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

23 Florida

28 City & State

28 Smellas Park, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

24 33781

25 Country

25 U.S.A.

29 Zip

29 33781

30 Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERTILE, TONDA
2800 66TH ST N
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

81 TONDA Pertile

82 Street Address (P.O. Box Number is Not Acceptable)

82 7740 - 66TH Street North

83

84 City

84 Smellas Park

FL

85 Zip

85 33781

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am filing with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Tonda L. Wilkinsen-Pertile DATE 04/09/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ☒ Change ☐ Addition

1.3 STREET ADDRESS ☒ Change ☐ Addition

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Tonda L. Wilkinsen-Pertile DATE: 04/10/97 (8:13) C/V: 8011



Florida Muscular Health Center

1932 Drew St., Suite 11
Clearwater, FL 34625
(813) 442-2712
Fax (813) 442-2617

7740 - 66th Street N.
Pinellas Park, FL 33781
(813) 544-8411
Fax (813) 541-4697

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July 10, 1997

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Florida Muscular Health Centers, Inc.

To Whom It May Concern:

Per my recent telephone conversation with your representative, he confirmed no receipt of our Profit Corporation Annual Report for 1997. After months of waiting for my returned check, I followed up with a call. He instructed me to send enclosed copy of the original I kept on file with a new signature and new payment.

Enclosed please find payment and copies with signatures. Please note new office location/address and federal tax identification number change.

Thank you for your attention to this matter. I have taken the liberty of placing a stop payment on our prior payment for same.

Sincerely,

Tonda L. Wilkinson
Clinic Director