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Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000012342 (9)

1. Corporation Name

FLORIDA MUSCULAR HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

7740 66TH STREET NORTH  
PINELLAS PARK FL 33781  
US

7740 66TH STREET NORTH  
PINELLAS PARK FL 33781  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1994

FBI Number

59-3342833 593221541

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7740-66th Street North

26 7740-66th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pinellas Park, Florida

28 Pinellas Park, Florida

Zip

Zip

24 33781

29 33781

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERTILE, TONDA  
7740 66TH STREET NORTH  
PINELLAS PARK FL 33781

81 Name WILKINSON, TONDA L.

82 Street Address (P.O. Box Numbers Not Acceptable)  
7740-66th Street North

83

84 Pinellas Park FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Tonda L. Wilkinson* TONDA L. WILKINSON, President 04/04/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVPT  
NAME PERTILE, TONDA  
STREET ADDRESS 7740 66TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33781

1.1 TITLE PVPT  
1.2 NAME WILKINSON, TONDA  
1.3 STREET ADDRESS 7740 66th Street North  
1.4 CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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. Wilkinson* TONDA L. WILKINSON 813-544-8411

Signature typed or printed name of registered agent and title if applicable

CR2E034 (10/97)