

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90049 043 ***150.00

DOCUMENT # P94000012342

1. Corporation Name
FLORIDA MUSCULAR HEALTH CENTER, INC.



Principal Place of Business
7740 66TH STREET NORTH
PINELLAS PARK FL 33781
US

Mailing Address
7740 66TH STREET NORTH
PINELLAS PARK FL 33781
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1994

2. Principal Place of Business

21 2205-52ND Street South
Suite, Apt. #, etc.

2a. Mailing Address

26 2205-52ND Street South
Suite, Apt. #, etc.

4. FEI Number

59-3221541

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

23 City & State
GULFPORT, FLORIDA

24 Zip 33707 25 Country U.S.

28 City & State
GULFPORT, FLORIDA

29 Zip 33707 30 Country U.S.

9. Name and Address of Current Registered Agent

WILKINSON, TONDA L.
7740 66TH STREET NORTH
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name WILKINSON, TONDA L.

82 Street Address (P.O. Box Number is Not Acceptable)
2205-52ND STREET SOUTH

83

84 City GULFPORT FL 85 Zip Code 33707

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 PPT 04/25/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVPT ☒ Change ☐ Addition
1.2 NAME WILKINSON, TONDA
1.3 STREET ADDRESS 2205-52ND STREET SOUTH
1.4 CITY-ST-ZIP GULFPORT, FL 33707

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Tonda L. Wilkinson PPT, Tonda L. Wilkinson (127)-321-4257
04/25/99 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)

042322