

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90092 003 ***150.00

DOCUMENT # P94000012342

1. Entity Name
FLORIDA MUSCULAR HEALTH CENTER, INC.



Principal Place of Business
**2205 52ND ST SOUTH
GULFPORT FL 33707
US**

Mailing Address
**2205 52ND ST SOUTH
GULFPORT FL 33707
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINSON, TONDA L
2205 52ND ST SOUTH
GULFPORT FL 33707**

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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'

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT WILKINSON, TONDA 2205 52ND ST SOUTH GULFPORT FL 33707	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Handwritten Signature: TONDA WILKINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **9-5-03** Daytime Phone # **727-327-4254**

CR2E034 (4/03)



mm0014238
ma006129

Attachment

Florida Muscular Health Center

2205 52nd St. South
Gulfport, Florida 33707
Tel: 727-327-4254
Fax: 727-327-7300
email: floridamuscular@aol.com

September 5, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Per a conversation that my office had with Justin today, I am sending a check for \$150.00. I had already sent a check in March 2003 to pay this and when I got this notice I checked with the bank and it had not cleared and Justin said to send the \$150.00 and a letter explaining the above. If you have any further questions please feel free to contact me at the above number. Thanking you in advance for your help in this matter.

Sincerely,

Tonda Wilkinson
Clinic Director