

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

FILED

Jun 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

P95000090345

1. Corporation Name

MUSCLE REHAB SPECIALIST INC

Principal Place of Business

Mailing Address

1825 PONCE DE LEON BLVD #174
CORAL GABLES, FL 33134

2. Principal Place of Business

2a. Mailing Address

21 19631 N. 12 CT.

26 19631 N 12 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 N MIAMI BEACH FL

28 N MIAMI BEACH FL

24 Zip

Country

29 Zip

Country

33179

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DADE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/22/95

1996

4. FE Number

65-0609675

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 has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

EDWARD FRANCO

1825 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature of the person filing the report is required when filing for the first time.)

(RIGHT: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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11 TITLE
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in 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 1, 2, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Franco

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***165.00

6-9-97

1-3-97

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