## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000080183

Entity Name: MYO-NEURAL THERAPY, INC.

FILED Jan 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1700 SOUTH SURF ROAD HOLLYWOOD, FL 33019 1700 SOUTH SURF ROAD HOLLYWOOD, FL 330192448

Current Mailing Address: New Mailing Address:

1700 SOUTH SURF ROAD HOLLYWOOD, FL 33019 1700 SOUTH SURF ROAD HOLLYWOOD, FL 330192448

FEI Number: 65-0762174 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHWIND, GEORGE
1700 SOUTH SURF ROAD
HOLLYWOOD, FL 33019
SCHWIND, GEORGE
1700 SOUTH SURF ROAD
HOLLYWOOD, FL 330192448

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.

SIGNATURE: 01/10/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name:SCHWIND, GEORGEName:SCHWIND, GEORGEAddress:1700 SOUTH SURF ROADAddress:1700 SOUTH SURF ROADCity-St-Zip:HOLLYWOOD, FL 33019City-St-Zip:HOLLYWOOD, FL 330192448

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE SCHWIND P 01/10/2004