

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095909

1. Entity Name

CENTER FOR MUSCULAR THERAPY, INC.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90063 022 \*\*\*150.00

Principal Place of Business

Mailing Address

2770 S.W. 15TH STREET  
DEERFIELD BEACH FL 33442-6006

2770 S.W. 15TH STREET  
DEERFIELD BEACH FL 33442-6064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2754 SW. 15TH ST

Suite, Apt. #, etc.

2754 SW. 15TH ST.

City & State

DEERFIELD BEACH, FL.

City & State

DEERFIELD BEACH, FL.

Zip

33442

Country

BROWARD

Zip

33442

Country

BROWARD

4. FEI Number

65-0710339

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

VALENZANO, THOMAS R  
2770 S.W. 15TH STREET  
DEERFIELD BEACH FL 33442-6066

Name VALENZANO, THOMAS R.

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

2754 S.W. 15TH STREET

City DEERFIELD BEACH

FL

Zip Code 33442

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.

SIGNATURE

*Thomas R. Valenzano is changing address*

4-9-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME VALENZANO, THOMAS R  
STREET ADDRESS 2770 S.W. 15TH STREET  
CITY-ST-ZIP DEERFIELD BEACH FL 33442-6066

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas R. Valenzano* THOMAS R. VALENZANO

Date

Daytime Phone #

4-9-00

954-4199110

954-3708288

CR2E034 (9/99)