

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095909

1. Entity Name

CENTER FOR MUSCULAR THERAPY, INC.

Principal Place of Business

2754 SW 15TH ST
DEERFIELD BEACH FL 33442

Mailing Address

2754 SW 15TH ST
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VALENZANO, THOMAS R
2754 SW 15TH ST.
DEERFIELD BEACH FL 33442

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.

SIGNATURE

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, 2001 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

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

☒ Delete

OLD ADDRESS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
D VALENZANO, THOMAS R.
STREET ADDRESS 2754 SW. 15TH STREET
CITY-ST-ZIP DEERFIELD BEACH, FL. 33442-6066

☒ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R. VALENZANO

2/5/01

Date

-954-
419.9110

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90022 020 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)