JAN-6-2006 05:40P FROM:SCOTT MOORE 9547576233

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90074 030 ***150.00

DOCUMENT # P96000095909

1. Entity Name
CENTER FOR MUSCULAR THERAPY, INC.

Principal Place of Business	Mailing Address
800 SOUTH OCEAN BLVD. APT. 510 DEERFIELD BEACH, FL 33441	800 SOUTH OCEAN BLVD. APT. 510 DEERFIELD BEACH, FL 33441

01082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
800 SOUTH OCEAN BLVD.		800 SOUTH OCEAN BLVD.	
Suite, Apt. #, etc. APT. 708		Suite, Apt. #, etc. APT 708	
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BCH, FL.	
Zip 33441	Country BROWARD	Zip 33441	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

VALENZANO, THOMAS R
800 SOUTH OCEAN BLVD.
APT. 510 ← APT. 708
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENZANO, THOMAS R 800 S. OCEAN BLVD., APT. 510 DEERFIELD BEACH, FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VALENZANO, THOMAS R. 800 S. OCEAN BLVD. APT. # 708 (ADDRESS) DEERFIELD BCH, FL. 33441	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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: [signature] 1/9/06 945 675 9553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #