

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000095909

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** CENTER FOR MUSCULAR THERAPY, INC.

**Current Principal Place of Business:**

800 SOUTH OCEAN BLVD.  
APT. 708  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

800 SOUTH OCEAN BLVD.  
APT. 708  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 65-0710339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VALENZANO, THOMAS R  
Address: 800 S OCEAN BLVD APT #708  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby 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 all other like empowered.

SIGNATURE: THOMAS VALENZANO

D

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date