

FILED
Jan 16, 2003 8:00 am
Secretary of State

M11707 AV



CENTER FOR MUSCULAR THERAPY, INC.

DEERFIELD BEACH FL 33441

Country

☐ **\$8.75** Additional Fee Required

Zip Code

DATE _____

\$5.00 May Be
Added to Fees

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

Hm. 954.570.8288
Cell. 954.675.9553