

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 17, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P97000072718**

1. Entity Name  
**MUSCULAR THERAPY & REHAB CENTER, INC.**



Principal Place of Business  
**5386 SPRINGS HILL DR  
SPRING HILL, FL 34606**

Mailing Address  
**5386 SPRINGS HILL DR  
SPRING HILL, FL 34606**



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3465485** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ARRINGTON, LISA  
5386 SPRING HILL DRIVE  
SPRING HILL, FL 34606**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPVP  
ARRINGTON, LISA M  
2239 FAIRVIEW ROAD  
SPRING HILL, FL 34609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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UN00000266683  
03/17/05-80040-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LISA M. ARRINGTON**

Date

Daytime Phone #