


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

02-20-2007 90038 021 ***150.00

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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	
2. Principal Place of Business - No P.O. Box # 8403 BALM STREET		3. Mailing Address 8403 BALM STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State SPRING HILL, FL	
Zip 34606	Country	Zip 34606	Country
4. FEI Number 59-3465485		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARRINGTON, LISA 5386 SPRING HILL DRIVE SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name ARRINGTON, LISA Street Address (P.O. Box Number is Not Acceptable) 8403 BALM STREET City & State SPRING HILL, FL Zip 34606	
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 <i>Lisa Arrington</i> DATE 2/14/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP ARRINGTON, LISA M 2239 FAIRVIEW ROAD SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Lisa Arrington</i>		LISA ARRINGTON <i>2/14/07</i> DATE	