


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000072718	
1. Entity Name MUSCULAR THERAPY & REHAB CENTER, INC.	
	
Principal Place of Business 8403 BALM ST SPRING HILL, FL 34606	Mailing Address 8403 BALM ST SPRING HILL, FL 34606



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
8403 BALM ST
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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Arrington
LISA Arrington

4/22/08
4/22/08

Date

352-238-0334
352-238-0334

Daytime Phone #