


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000004989 1. Entity Name MUSCULAR THERAPY ASSOCIATES, INC.			
Principal Place of Business 3220 TOBERO LANE SARASOTA, FL 34235		Mailing Address 3220 TOBERO LANE SARASOTA, FL 34235	
DO NOT WRITE IN THIS SPACE			
		01132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0806639	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOMELDORPH, HOWARD R 6489 PARKLAND DR SARASOTA, FL 34243		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LUBOW, JOE 3220 TOBERO LANE SARASOTA, FL 34235		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LUBOW, STEPHANIE C 3220 TOBERO LANE SARASOTA, FL 34235		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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)(f), 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: <u>Stephanie Churn Lubow</u> STEPHANIE CHURN LUBOW		Date <u>1/13/04</u> 941-360-3082	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	