

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2005 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



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0806639

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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, 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  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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02/19/05-80021-017 150.00

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: Stephanie Churn Lubow STEPHANIE CHURN LUBOW 2/15/05 941-360-3082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #