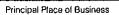
## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # S23369**

NEUROMUSCULAR MEDICAL CENTERS OF FLORIDA,



700 S HARBOUR ISLAND BLVD

#339

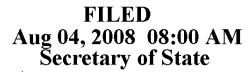
TAMPA, FL 33602



700 S HARBOUR ISLAND BLVD

#339

TAMPA, FL 33602 US





04212008

No Chg-P

CR2E034 (11/05)

813 417

4. FEI Number 59-3041034

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIFULCO, SANTO STEVEN M.D. 700 S HARBOUR ISLAND BLVD #339 TAMPA, FL 33602

changed, or on an attachmen

SIGNATURE:

DO	NOT	<b>WRITE</b>
IN	THIS	SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its	registere	d office or r	egistered agent, or bo	th, in the State of Florid	a. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	spolicable (NOI	E. Registered	I Agent signature	e required when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			;	
10.	OFFICERS AND DIREC	TORS						
TITLE	PSTD							
NAME	BIFULCO MD, S. STEVEN							
STREET ADDRESS	700 S HARBOUR ISLAND BLVD #339							
CITY-ST-ZIP	TAMPA, FL 33602					Hooooo	E3004	
TITLE						U000009	57094 0000 004 55	-0.00
NAME						08/04/08-8	0009-004 55	oՄ.ՄՍ
STREET ADDRESS								
CITY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS					DO	<b>NOT WF</b>	PITE	
CITY-ST-ZIP					DO	INOI WI	71 I II	
INTLE					IN "	THIS SPA	\CF	
NAME					114			
STREET ADDRESS								
CITY-SI-ZIP								
TITLE								
NAME								
STREET ADDRESS								
. CITY-ST-ZIP							,	
TITLE			-					
NAME ·		•			4 4 4 4	•		
STREET ADDRESS						1		. ,
CITY-\$1-ZIP	<u> </u>			l		· · · · · · · · · · · · · · · · · · ·		
12. Thereby certify that the information supplied with this filting 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 of this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								

like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR