

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V33851** (9)

1. Corporation Name

MUSCULAR PAIN RELIEF CENTER, INC.



Principal Place of Business

**840-L DELTONA BLVD
DELTONA FL 32725**

Mailing Address

**840-L DELTONA BLVD
DELTONA FL 32725**

3. Date Incorporated or Qualified
05/04/1992

3a. Date of Last Report
02/09/1995

4. FEI Number

59-3124464

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**KENT, DAVID C.
840-L DELTONA BLVD
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person submitting this report (owner, officer, director, etc.)

Signature of Registered Agent (must be a resident of Florida)

Signature of Secretary of State

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
**P
KENT, DAVID C
840-L DELTONA BLVD.
DELTONA FL 32725**

11.2 STREET ADDRESS ☐ DELETE

11.3 CITY, ST, ZIP ☐ DELETE

11.4 TITLE ☐ DELETE

11.5 NAME ☐ DELETE

11.6 STREET ADDRESS ☐ DELETE

11.7 CITY, ST, ZIP ☐ DELETE

11.8 TITLE ☐ DELETE

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11.29 NAME ☐ DELETE

11.30 STREET ADDRESS ☐ DELETE

11.31 CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

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