

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010270

**Entity Name:** MUSIC IS MEDICINE, INC.**Current Principal Place of Business:**640 TYRONE BLVD BORTH  
ST PETERSBURG, FL 33710**Current Mailing Address:**PO BOX 7941  
ST. PETERSBURG, FL 33734 US**FEI Number:** 47-5441381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSHI, NIKHIL ESQ  
2055 WOOD STREET STE 208  
SARASOTA, FL 34237 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT  
Name            UPADHYAY, HITEN  
Address        4419 BAYSHORE BLVD NE  
City-State-Zip: ST PETERSBURG FL 33703

Title            DIRECTOR  
Name            RILEY, JAMES  
Address        820 6TH ST NORTH LOWR 1  
City-State-Zip: ST PETE FL 33701

Title            D  
Name            WEAVER, JAMES  
Address        1461 28TH AVE NORTH  
City-State-Zip: ST PETE FL 33704

Title            D  
Name            JOSHI, NIKHIL  
Address        8237 SANTA ROSA COURT  
City-State-Zip: SARASOTA FL 34243

Title            DIRECTOR  
Name            DEVAN, UPADHYAY  
Address        PO BOX 7941  
City-State-Zip: ST. PETERSBURG FL 33734

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HITEN UPADHYAY**MANAGER PRESIDENT****04/17/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date