

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000083322

**Entity Name:** MUSCLE ACTIVATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5458 TOWN CENTER ROAD,  
SUITE 15  
BOCA RATON, FL 33486

**Current Mailing Address:**

5458 TOWN CENTER RD  
15  
BOCA RATON, FL 33486 US

**FEI Number:** 46-1105303

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STAWICKI, PETER J  
6431 NW 42ND CT  
CORAL SPRINGS, FL 33067 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 PST  
Name STAWICKI, PETER J  
Address 6431 NW 42ND CT  
City-State-Zip: CORAL SPRINGS FL 33067

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER STAWICKI

**OWNER/CEO**

**07/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date