

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000083322

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC4426769701**

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

**Current Principal Place of Business:**

21000 BOCA RIO ROAD, SUITE A11  
BOCA RATON, FL 33433

**Current Mailing Address:**

21000 BOCA RIO ROAD, SUITE A11  
BOCA RATON, FL 33433

**FEI Number:** 46-1105303

**Certificate of Status Desired:** No

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

COLLURA, TODD  
9124 PINE SPRINGS DR.  
BOCA RATON, FL 33428 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 P  
Name STAWICKI, PETER J  
Address 21000 BOCA RIO ROAD, SUITE A11  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name COLLURA, TODD  
Address 21000 BOCA RIO ROAD, SUITE A11  
City-State-Zip: BOCA RATON FL 33433

Title S  
Name STAWICKI, PETER J  
Address 21000 BOCA RIO ROAD, SUITE A11  
City-State-Zip: BOCA RATON FL 33433

Title T  
Name COLLURA, TODD  
Address 21000 BOCA RIO ROAD, SUITE A11  
City-State-Zip: BOCA RATON FL 33433

*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:** TODD COLLURA

VP

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date