

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002388 (4)**  
 1. Corporation Name  
**BONE, MUSCLE AND JOINT, INC.**



Principal Place of Business <b>2378 NW 60TH ST. BOCA RATON FL 33496</b>	Mailing Address <b>2378 NW 60TH ST. BOCA RATON FL 33496-3806</b>
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3. Date Incorporated or Qualified <b>05/13/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0676079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4800 N. FEDERAL HWY.</b>	2a. Mailing Address 26 <b>4800 N. FEDERAL HWY.</b>
Suite, Apt. #, etc. 22 <b>104-D</b>	Suite, Apt. #, etc. 27 <b>104-D</b>
City & State 23 <b>BOCA RATON, FL</b>	City & State 28 <b>BOCA RATON, FL</b>
Zip 24 <b>33431</b>	Zip 29 <b>33431</b>
Country 25	Country 30

9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 528 E. PARK AVE.  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>NAGPAL, NARESH MD</b>	
STREET ADDRESS	<b>2378 NW 60TH ST.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, REINENA</b>	
STREET ADDRESS	<b>30 ROCKEFELLER PLAZA, 41ST FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10112</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMONT, ANN H</b>	
STREET ADDRESS	<b>ONE GORHAM ISLAND</b>	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOTHROP, DONALD I</b>	
STREET ADDRESS	<b>3000 SAND HILL RD., BLDG. #1, SUITE 135</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V D FATER, DAVID H</b>
5.3 STREET ADDRESS	<b>4800 N. FEDERAL HWY. - 104-D</b>
5.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D FOX, JAMES, M.D.</b>
6.3 STREET ADDRESS	<b>6815 NOBLE AVE.</b>
6.4 CITY-ST-ZIP	<b>VAN NUYS, CA 91405</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *N. Nagpal* DATE: *6/15/97* *561-391-1211*

CR2E034 (9/96)