

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000036651

**FILED**  
**Apr 29, 2009**  
**Secretary of State****Entity Name:** ARTHRITIS-OSTEOPOROSIS TREATMENT AND RESEARCH CENTER, INC.**Current Principal Place of Business:**20880 WEST DIXIE HIGHWAY  
SUITE 101  
NORTH MIAMI BEACH, FL 33180**New Principal Place of Business:****Current Mailing Address:**20880 WEST DIXIE HIGHWAY  
SUITE 101  
NORTH MIAMI BEACH, FL 33180**New Mailing Address:****FEI Number:** 65-0669770**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WEINSTEIN, MARK ESQ.  
1550 NE MIAMI GARDENS DRIVE  
SUITE 403  
NORTH MIAMI BEACH, FL 33179 US**Name and Address of New Registered Agent:**WEINSTEIN, MARK ESQ.  
4600 SHERIDAN ST  
SUITE 203  
HOLLYWOOD, FL 33021 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

04/29/2009

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** MUNOZ, GEORGE E  
**Address:** 20880 WEST DIXIE HIGHWAY  
**City-St-Zip:** MIAMI, FL 33180**Title:** MS ( ) Delete  
**Name:** WALDFOGEL, MICHELE  
**Address:** 20880 WEST DIXIE HWY SUITE 101  
**City-St-Zip:** AVENTURA, FL 33180 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DR (X) Change ( ) Addition  
**Name:** MUNOZ, GEORGE E  
**Address:** 20880 WEST DIXIE HIGHWAY #101  
**City-St-Zip:** MIAMI, FL 33180**Title:** MS (X) Change ( ) Addition  
**Name:** WALDFOGEL, MICHELE  
**Address:** 20880 WEST DIXIE HWY SUITE #101  
**City-St-Zip:** AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE E MUNOZ

Electronic Signature of Signing Officer or Director

DR

04/29/2009

Date