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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

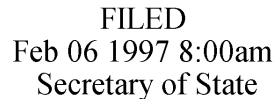
DOCUMENT # G95211

(0)

REGIONAL OSTEOPOROSIS CENTER OF S. FLA., CHARTER

Principal Place of Business

Mailing Address





1/28/97

% MARK P. ETTINGER, M.D. 618 EAST OCEAN BLVD. STUART FL 34994		% MARK P. ETTINGER, M.D. 618 EAST OCEAN BLVD. STUART FL 34994-2330		9. Data have rested as Ovalified	On Day of Law Organi
				3. Date Incorporated or Qualified 04/06/1984	3a. Date of Last Report 04/29/1996
	ace of Business	26. Mailing Address 26. 2081 E. Gou	RON	4. FEI Number	Applied For
21 (00 E Suite, Apt. (OCEAN BLYD	26 2051 E Octor Suite, Apt, #, etc.	in sova	59-2392234	Not Applicable
22 SV	ute 1-A	27 Sente 1-A	\	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	В	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip a tro	Country	Zig	Country	8. This corporation has liability for	7,0000 10 1 000
Zip 34 ^C	116 25	29 34996 30	<u> </u>		☑Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
618	NGER, MARK P., M.D. EAST OCEAN BLVD. ART FL	in the single the control of section is	83	Address (P.O. Box Number is Not Acceptate	IBS I Zin Coda
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes,	the above-named	corporation submits this statement for the p	ourpose of changing its registered
office or re agent 1 ar	egistered agent, or both, in the State on familiar with, and accept the obligation ${f x}$	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by the corp la Statutes	poration's board of directors. I hereby accept	ot the appointment as registered
SIGNATURE	Signature typed or printed hance of registered agen	and little if applicable (NOTE: R	egistered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	ETTINGER, MARK P., M.D.		1.2 NAME		107
STREET ADDRESS	618 EAST OCEAN BLVD.		1.3 STREET ADDRESS	2081 E Gam 131	and Suite 1A
CITY - \$1 - ZIP	STUART FL		1.4 CITY - ST - ZIP	Stuart Few 349	
TITLE		☐ DELETE	2.1 TATLE		L. Change L. Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - \$1 - ZIP			2.4 CITY-ST-ZIP		
TITLE		[_] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP			3.4. CITY-ST-ZIP		
TITLE		[] DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY - ST - ZIP		7 A.P. P.P.	4.4 CITY - ST - ZIP		
TITLE		☐ DEFELE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		·············
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
informatio	on indicated on this annual report or su	ipplemental annual report is true	and accurate and	stated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same lega report as required by Chapter 607, Florida S	al effect as if made under oath: that