2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N47200

1. Entity Name



FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90292 006 ****61.25

BROWARD COUNTY OSTE ASSOCIATION, INC.	OPATHIC MEDICAL	
	8.4-185- A.444	

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Principal Place of Business Mailing Address P.O. BOX 2294 P.O. BOX 2294 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020					n 6002	8271	eren eren erek ere				
2. Principal Place of Business 3. Mailing Address		 									
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.			04052006 Chg-NP CR2E037 (11/05)						
City & State City		City & State			4. FEI Number 65-03366	646		1-4	optied For ot Applicable		
Zip	Country	Ziį		Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Cu	urrent Registere	od Agent			7. Name and A	ddress of New	Registered	i Agent		
IONES H	EDWARD			Name					_		
JONES, H. EDWARD 3230 W COMMERCIAL BLVD STE 150		Street /	Street Address (P.O. Box Number is Not Acceptable)								
FT. LAUDE	ERDALE, FL 33309										
				City	FL Zip Code						
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title il app	olicable. (NOTE: I	Registered Agent signs	dure required	when reinstating)		DATE			
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2006 Trust Fund Con											
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10.	Due by May 1, 2006 OFFICERS A	ND DIRECTORS	Trust Fund Co				Flo	vrida Dep	DIRECTORS IN	tate	
TITLE	OFFICERS A	ND DIRECTORS	Trust Fund Co	ntribution.	P	Added to Fees	FIGES TO OFFIC	erida Depo	DIRECTORS IN Change	tate	
TITLE NAME	OFFICERS AT GOZIEVELI, TAMER D.O.	ND DIRECTORS	Trust Fund Co	11. TITLE	P	Added to Fees ADDITIONS/CHAN merberg	GES TO OFFIC	en, D	DIRECTORS IN Change	tate	
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12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Steven Cimerberg, D.O., President 054 473-8787