2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

DOCUMENT# N99000003380

Entity Name: THE CENTER FOR OSTEOPOROSIS, INC.

Current Principal Place of Business:

11684 OLDE MANDARIN RD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 550667
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3602292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELDS, WILLIAM E
11684 OLDE MANDARIN RD
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHIELDS, WILLIAM E
Address: 11684 OLSE MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete
Name: TINNEY, MARGIE
Address: 11684 OLSE MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: SHIELDS, SUSANE A
Address: 11684 OLSE MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHIELDS, WILLIAM E
Address: 11684 OLDE MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD (X) Change ( ) Addition
Name: TINNEY, MARGIE
Address: 11684 OLDE MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition
Name: SHIELDS, SUSANE A
Address: 11684 OLDE MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E SHIELDS PRES 03/07/2007

Electronic Signature of Signing Officer or Director — Date