

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003380

FILED
Mar 29, 2011
Secretary of State

Entity Name: THE CENTER FOR OSTEOPOROSIS, INC.

Current Principal Place of Business:

301 W BAY ST STE 140
JACKSONVILLE, FL 32202

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: PC
Name: SHIELDS, WILLIAM E SR
Address: 11684 OLDE MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD
Name: TINNEY, MARGIE
Address: 101 W RIDGE CT
City-St-Zip: KINGSLAND, GA 31546

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SHIELDS

P

03/29/2011

Electronic Signature of Signing Officer or Director

Date