

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90781 031 ***150.00

0530630 AV

DOCUMENT # P00000086889

1. Entity Name

ARTHRITIS & OSTEOPOROSIS CLINICS OF FLORIDA, INC

Principal Place of Business

**700 SE 5TH TERR. STE 6
CRYSTAL RIVER FL 34429**

Mailing Address

**700 SE 5TH TERR. STE 6
CRYSTAL RIVER FL 34429**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3671460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEONE, FREDERICK JR
3230 STIRLING RD
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Edlin R. Torralba**

Street Address (P.O. Box Number is Not Acceptable)

700 SE 5TH TERRACE, Suite 6

City

CRYSTAL RIVER, FL

Zip Code

34429

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.

SIGNATURE

EDLIN R. TORRALBA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-05-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D TORRALBA, EDLIN R**
STREET ADDRESS **700 SE 5TH TERR, STE 6**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete
NAME **D TORRALBA, VICTORIA L**
STREET ADDRESS **700 SE 5TH TERRACE STE 6**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDLIN R. TORRALBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-02

Date

(352) 795-7795

Daytime Phone #

CR2E034 (9/01)