2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2010
Secretary of State

DOCUMENT# P00000086889

Entity Name: ARTHRITIS & OSTEOPOROSIS CLINICS OF FLORIDA, INC.

Current Principal Place of Business:

700 SE 5TH TERR, STE 6
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

730 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429

Current Mailing Address:

700 SE 5TH TERR, STE 6
CRYSTAL RIVER, FL 34429

New Mailing Address:

730 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429

FEI Number: 59-3671460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRALBA, EDLIN R MR
700 SE 5TH TERRACE
SUITE 6
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

TORRALBA, EDLIN R MR
730 SE 5TH TERRACE
SUITE 6
CRYSTAL RIVER, FL 34429 US

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 04/14/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MR
Name: TORRALBA, EDLIN R
Address: 730 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DR
Name: TORRALBA, VICTORIA L
Address: 730 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDLIN R. TORRALBA MR 04/14/2010
Electronic Signature of Signing Officer or Director Date