2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# P03000133270

Entity Name: BONE-A-FIDE, INC.

Current Principal Place of Business:

500 WEST 19TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

500 WEST 19TH STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 20-0282644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARE, DIANE C CPA
2589 JENKS AVENUE
PANAMA CITY, FL 32405 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REED, MICHAEL MD
Address: 500 WEST 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: SD ( ) Delete
Name: MCCORMICK, MICHAEL MD
Address: 213 S. COVE TERRACE DR.
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete
Name: GOODWILLER, STEVEN MD
Address: 402 WEST 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL REED, M.D. P 01/09/2008

Electronic Signature of Signing Officer or Director Date