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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000019214 (4)

	ON ARTHRITIS AND OSTEC	DPOROSIS CLINIC, P./	4.		
Principal Place of Business 1200 S PINELLAS AVE STE 7 TARPON SPRINGS FL 34689 US		1200 S PINELLAS AVE STE 7 TARPON SPRINGS FL 34689 US		3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principa' Pl	ace of Business 3 YOSEMITC DR	2a. Mailing Address 70	semite be	4. FET Number 59-3167756	04/07/1995 Applied For Not Applicable
Suite, Apt.	#, etc. itc 203	Suite, Apt. #, etc.	7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Certificate of Status Desired	\$8.75 Additional
City & State	***************************************	27 Suite	<u>ペッ</u> コ	6. Election Campaign Financing	Fee Required
3 HUC	USON FL	28 HUd50	N FL	Trust Fund Contribution	\$5.00 May Be Added to Fees
3464	Country 25 9. Name and Address of Curren	29 34667	Country 30	This corporation has liability for in Florida Statutes	□No
KUTCHINS, BRYAN A 3711 TAMPA RD SUITE 103 OLDSMAR FL 34677			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		BS Zin Codo
11. Pursuant t	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric	and 607.1508, Florida Statute	s, the above named corpor	ration submits this statement for the pur	pose of changing its registered office
SIGNATURE _	th, and accept the obligations of, Sections of Section	ion 607.0505, Florida Statutes.	o by the corporation's boa	rd of directors. Thereby accept the appo	
SIGNATURE _	Styretime typed or printed name of registered agent OFFICERS AND	on 607.0505, Florida Statutes. कटाराट क्रिज़ीजीमः (स्टी D DIRECTORS	t Registered Apretisation is bod	rd of directors. Thereby accept the appo	JAN J
SIGNATURE _	Styretime, typed or printed name of registered agent OFFICERS AND	arche (appliant) (N°)	O by the corporation's from E Bassissed April separate respire 13. U.1 HILE	rd of directors. Thereby accept the appo	[fAt]
SIGNATURE _ 12. TITLE NAME STREET ADDRESS	Styretize, tyrind or printed name of registered agent OFFICERS AND PEREZ, MIRIAM 1200 S PINELLAS AVE #7	on 607.0505, Florida Statutes. active dapatralie (क्षेप्रे) D DIRECTORS	E. Bagsterol April super recopera 13. 1.1 THEE 1.2 NAME 1.3 STREET ADDRESS	rd of directors. Thereby accept the appo	DATE CERS AND DIRECTORS IN 12
SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIF	Structure, typed or printed name of registered agent OFFICERS AND D PEREZ, MIRIAM	active diagnostic decides D DIRECTORS	Baystered Apret separate receptor 13. 1.1 THEF 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-7/P	rd of directors. Thereby accept the appo	DATE OF HIS AND DIFFE CTORS IN 12 Change Addition
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SIGNATURE: X Charles on Printed Name of SIGNING OF ICER OF DIRECTOR 3/27/96 (813) 86/ 1998