

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000019214 (4)

1. Corporation Name

TARPON ARTHRITIS AND OSTEOPOROSIS CLINIC, P.A.

Principal Place of Business

1200 S PINELLAS AVE
STE 7
TARPON SPRINGS FL 34689
US

Mailing Address

1200 S PINELLAS AVE
STE 7
TARPON SPRINGS FL 34689
US



3. Date Incorporated or Qualified

03/15/1993

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 14153 YOSEMITE DR

26 14153 YOSEMITE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 203

27 Suite 203

City & State

City & State

23 HUDSON FL

28 HUDSON FL

Zip

Country

Zip

Country

24 34667

25

29 34667

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(If Filer Registered Agent has not been changed, write "None")

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PEREZ, MIRIAM
STREET ADDRESS 1200 S PINELLAS AVE #7
CITY-ST-ZIP TARPON SPRINGS FL 34689

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myriam C Perez 3/27/96 (813) 861 1998

(Date)

(Telephone Number)

CR2E034 (12/95)