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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P96000000061 (7)**

1. Corporation Name

OSTEOPOROSIS ANALYSIS OF SUN CITY CENTER, INC.

Principal Place of Business	Mailing Address
% LEE MANDELL 75 VALENCIA AVENUE. SUITE 1002 CORAL GABLES FL 33134	% LEE MANDELL 75 VALENCIA AVENUE. SUITE 1002 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 12/29/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1649 SUN CITY CENTER PLAZA
22: Suite, Apt. #, etc.
23: City & State: SUN CITY CENTER FL
24: Zip: 33573
25: Country: USA

2a. Mailing Address
26: 4607 CLARKSDALE LN
27: Suite, Apt. #, etc.
28: City & State: BRANDON FL
29: Zip: 33511
30: Country: USA

4. FEI Number: 59-3352544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANDELL, LEE ESQ.
LEE MANDELL, P.A.
75 VALENCIA AVENUE, SUITE 1002
CORAL GABLAES FL 33134

10. Name and Address of New Registered Agent

81 Name: PETER A JACOBSON
82 Street Address (P.O. Box Number is Not Acceptable): 4607 CLARKSDALE LN
83:
84 City: BRANDON **FL** 85 Zip Code: 33511

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: _____ DATE: 2/15/96
Signature, typed or printed name of registered agent and, if an officer, title. (IN SITE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MANDELL, LEE ESQ.	12 NAME	
STREET ADDRESS	% 75 VALENCIA AVENUE, SUITE 1002	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	
TITLE	PRESIDENT ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PETER A JACOBSON	22 NAME	
STREET ADDRESS	4607 CLARKSDALE LN	23 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), 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, added or an attachment with an address.

SIGNATURE: _____ PETER A JACOBSON 2/15/96 813-634-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #