

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000028092 (0)

1. Corporation Name

OSTEO-SPINE ASSOCIATES, INC.

Principal Place of Business

1425 EAST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

Mailing Address

1425 EAST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442-7728



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0660325		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARKS, STEPHEN C 2040 N.E. 162RD ST. SUITE 208 MIAMI FL 33162				81 Name Stephen C. Roy			
				82 Street Address (P.O. Box Number is Not Acceptable) 1425 E Newport Center Drive			
				83			
				84 City Deerfield Beach FL 85 Zip Code 33442			

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

*S.C. Roy*  
Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MARKS, JEFFREY N <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D Stephen C. Roy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, JEFFREY N	1.2 NAME	Stephen C. Roy
STREET ADDRESS	2040 N.E. 163RD ST. SUITE 208	1.3 STREET ADDRESS	1425 E Newport Center Drive
CITY - ST - ZIP	MIAMI FL 33162	1.4 CITY - ST - ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE:

*S.C. Roy*

S.C. Roy

1/27/97

954-421-3116

CR2E034 (9/96)