

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036651

FILED
Mar 18, 2009
Secretary of State

Entity Name: ARTHRITIS-OSTEOPOROSIS TREATMENT AND RESEARCH CENTER, INC.

Current Principal Place of Business:

20880 WEST DIXIE HIGHWAY
SUITE 101
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

20880 WEST DIXIE HIGHWAY
SUITE 101
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 65-0669770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINSTEIN, MARK ESQ.
1550 NE MIAMI GARDENS DRIVE
SUITE 403
NORTH MIAMI BEACH, FL 33179 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: MUNOZ, GEORGE E
Address: 20880 WEST DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MS () Change (X) Addition
Name: WALDFOGEL, MICHELE
Address: 20880 WEST DIXIE HWY SUITE 101
City-St-Zip: AVENTURA, FL 33180 US

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: GEORGE E MUNOZ

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date