

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000095292 (4)**

1. Corporation Name

**SUNRISE OSTEOPOROSIS CENTER, INC.**

Principal Place of Business

**8446 WEST OAKLAND PARK BOULEVARD  
SUNRISE FL 33351**

Mailing Address

**8446 WEST OAKLAND PARK BOULEVARD  
SUNRISE FL 33351**



2. Principal Place of Business <b>8446 West Oakland Park Blvd</b>		2a. Mailing Address <b>P.O. Box 11697</b>		3. Date Incorporated or Qualified <b>11/21/1996</b>	3a. Date of Last Report
21. City & State <b>Sunrise, FL 33351</b>		27. City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>65-0721562</b>	Applied For Not Applicable
22. Zip <b>33351</b>		29. Zip <b>33339</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Country <b>USA</b>		30. Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Signature <b>KOTLER, ANITA P</b>		25. Signature <b>1901 HARRISON STREET</b>		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

**KOTLER, ANITA P  
1901 HARRISON STREET  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81. Name  
**SAME**  
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

**4/22/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<b>PD</b>
NAME	<b>KOTLER, JON ALLEN</b>	1.2 NAME	<b>KOTLER, JON ALLEN</b>
STREET ADDRESS	<b>8446 WEST OAKLAND PARK BOULEVARD</b>	1.3 STREET ADDRESS	<b>8446 West Oakland Park Boulevard</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	1.4 CITY-ST-ZIP	<b>Sunrise, FL-33351</b>
TITLE		2.1 TITLE	<b>STD</b>
NAME		2.2 NAME	<b>KOTLER, ANITA PAOLI</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1901 Harrison Street</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

*Anita P Kotler* **4/22/97**

**954-922-4666**

CR2E034 (9/96)