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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095292

1. Corporation Name
SUNRISE OSTEOPOROSIS CENTER, INC.

Principal Place of Business: 8446 WEST OAKLAND PARK BLVD, SUNRISE FL 33351, US
Mailing Address: PO BOX 11697, FT LAUDERDALE FL 33339, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 2a. Mailing Address, 3. Date Incorporated or Qualified (11/21/1996), 4. FEI Number (65-0721562), 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 owes the current year Intangible Personal Property Tax.

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: KOTLER, ANITA P, 1720 Harrison Street, Suite 6CW, Hollywood, FL 33020

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.

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes rows for Jon Allen and Anita Paoli.

14. I 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, with all other like empowered.

SIGNATURE: [Signature] REQUIRED
Date: 4/14/99
Daytime Phone #: 954-925-8844

CR2E034 (11/98)