PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta v of State

DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90183 031 ***150.00

DOCUMENT # **P97000059586**1. Corporat on Name

SOUTHEASTERN OSTEOPOROSIS SERVICES, INC.

							fotor adduct	(\$160 B()) (88)
Principal Place of Business		Mailing Address						
4551 N DAVIS HWY		4551 N DAVIS HWY						
PENSACOLA FL 32503		PENSACOLA FL 32503		DO NOT WRITE	Q2 SIUT IA	ACE		
					3. Date in corporated or Qualifed			
		T 0 24 95 A 14			07/07/1997		T	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		├ ──	pled For
21		26			65-0779608			t Applicable
Suite Apt. # etc. 2-1)		Suite Apt. #, etc.	le 2-1		5. Certifcate of Status Desired]	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing		\$5.00	Mav Be
23		28			Trust Fund Contribution		Added t	•
Zip	Country	Zip	Cou	intry	8. This corporation owes the current	year Intang	ible	
24	25	29	30		Personal Property Tax.			[]No
	9. Name and Address of Currer			[10. Name and Address of New Reg	istered Age	ent	
				81 Name				
SOU	le, theodore w							
316	S BAYLEN STREET STE 560			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PEN	SACOLA FL 32501			83				
				84 City		FL 8	35 Zip (Code
		1500 Clasida Cta	tutas the e	have seemed as	prporation submits this statement for the pur		naina its	re distered
office or r	egistered agent, or both, in the State	of Florida. Such change was	s authorized	by the corpora	a ion's board of directors. I hereby accept the	e appointme	ent as re	gintered
agent. I a	m familiar with, and accept the obliga	iticns of, Section 607.0505, I	Florida Stat	utes.				
SIGNATURE						A.T.		
	Signature, typed or printed nan e of registered age			Agent signature requ	ul ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	VIDECTO	D 2 INI 12
12.	T &	ID DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	D OXEDHEN D	☐ DELETE	1.1 ∏			_	Johango	
NAME	BAST, STEPHEN D		1.2 N	AME				
STREET ADDRESS			1.3 S	TREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 C	ITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 ∏	TLE		L] Change	☐ Addition
NAME	DAVIS, PAUL E		2.2 N	AME				
STREET ADDRES S	947 VESTAVIA WAY		2.3 S	TREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL 32561		2.40	CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 ∏	TLE .] Change	Addition
NAME	GOTTHELF, GARY		3.2 N	AME				
STREET ADDRES S	AATO MADUIDA DOAD		3.3 \$	TREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL 32561		3.4. 0	CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TI] Change	Addition
NAME			4.21	IAME				
STREET ADDRESS				TREET ADDRESS				
				ITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI] Change	Addition
			5.2 N			_	-	_
NAME	1			TREET ADDRESS				
STREET ADDRESS			1	ITY-ST-ZIP				
CITY-ST-ZIP		DELETE	6.1 T] Change	Addition
TITLE			6.2 N			_	Johnnyo	Last radiable
NAME			4	ì				
STREET ADDRESS	1		6.3 S	TREET ADDRESS				

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 receivar or trustee empowered to execute this report as required by Chapte. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OR DIRECTOR