

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # P98000046865

I. Corporation Name

BONE INC. OF SOUTH FLORIDA

Principal Place of Business

109 ADAMS STREET
HOLLYWOOD FL 33020

Mailing Address

1409 ADAMS STREET
HOLLYWOOD FL 33020

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90035 041 ***558.75

584528 - 90035 - 41



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

Principal Place of Business

2a. Mailing Address

4. FEI Number

65 086 3899

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBERTELLI, MARK
1409 ADAMS STREET
HOLLYWOOD FL 33020

81 Name MARK ALBERTELLI

82 Street Address (P.O. Box Number is Not Acceptable)

1409 ADAMS ST

83

84 City HOLLYWOOD

FL

85 Zip Code 33020

1. 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

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

1. NAME ALBERTELLI, MARK
2. STREET ADDRESS 1409 ADAMS STREET
3. CITY-STATE-ZIP HOLLYWOOD FL 33020

4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

7. NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP

10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. NAME
14. STREET ADDRESS
15. CITY-STATE-ZIP

16. NAME
17. STREET ADDRESS
18. CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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.

SIGNATURE:

MARK ALBERTELLI

6-29-99 954-921-9404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)