2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P98000074145 1. Entity Name 04-05-2004 90410 002 ***150.00 BONE FRAGILITY CENTER, INC. Principal Place of Business Mailing Address 2140 W. 68 STREET 2140 W. 68 STREET SUITE 406A HIALEAH FL 33016 SUITE 406A HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0859873 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANIZARES, MARIA Street Address (P.O. Box Number is Not Acceptable) 2140 W. 68 STREET SUITE 406A HIALEAH FL 33016 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fforida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) * FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change Addition TITLE CANIZARES, MARIA NAME NAME 2140 W. 68 STREET, 406A STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FERNANDEZ, MAGDALENA NAME 2140 W 68 ST STE 406 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST: ZIP CITY-ST-ZIP Delete-____Change_ Addition. NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

HARIA CANIZACES 3-31-04 (305