


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # S55162		
1. Entity Name ARTHRITIS & OSTEOPOROSIS CENTER OF NORTH FLORIDA, P.A.		
Principal Place of Business 4965 NW 8TH AVE. SUITE A GAINESVILLE, FL 32605 US	Mailing Address 4965 NW 8TH AVE. SUITE A GAINESVILLE, FL 32605 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCOTT, DONALD W 4965 NW 8TH AVE. SUITE A GAINESVILLE, FL 32605		DO NOT WRITE IN THIS SPACE
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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
UN00000308872 04/16/05 80015-007 150.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, DONALD W 4965 NW 8TH AVE SUITE A GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONGLEY, SELDEN III 4965 NW 8TH AVE. SUITE A GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LLOYD, T. MARK SR. 4965 NW 8TH AVE. SUITE A GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YANCEY, W. BRUCE JR. 4965 NW 8TH AVE. SUITE A GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 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.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/13/05</u> Daytime Phone # _____