

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am
Secretary of State

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|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

DOCUMENT # V73875 (9)

1. Corporation Name
FLORIDA BONES, INC.



| | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Principal Place of Business 1411 N FLAGLER DR STE 9800 W PALM BCH FL 33401 US | Mailing Address 1411 N FLAGLER DR STE 9800 W PALM BCH FL 33401-3488 US |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 10/23/1992 | 3a. Date of Last Report 04/16/1996 |
| 4. FEI Number 65-0376515 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|------------------------------------------------------------------|-------------------------------------------------------|
| 2. Principal Place of Business 21 1935 LAKESHORE DRIVE | 2a. Mailing Address 26 1935 LAKESHORE DRIVE |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Ft. Lauderdale FL | City & State 28 Ft. Lauderdale FL |
| Zip 24 33326 | Country 25 USA |
| Zip 29 33326 | Country 30 USA |

9. Name and Address of Current Registered Agent

GONIA, BETTY R
1411 N FLAGLER DR
STE 9800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **Sandra Tardugno**
 82 Street Address (P.O. Box Number is Not Acceptable)
1935 Lake shore Drive
 83
 84 City **Ft. Lauderdale** FL 85 Zip Code **33326**

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.

SIGNATURE *[Signature]* DATE **4-4-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | FELDMAN, GRETCHEN | |
| STREET ADDRESS | 3450 E. FLETCHER AVE., #350 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | GONIA BETTY | |
| STREET ADDRESS | 1411 N FLAGLE DR | |
| CITY-ST-ZIP | WEST PALM BCH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MARY PRESTIA | |
| 1.3 STREET ADDRESS | c/o Andrew Wolf, MD | |
| 1.4 CITY-ST-ZIP | 1921 Waldemere St #610 | |
| 2.1 TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Laurette Ross | |
| 2.3 STREET ADDRESS | 130 JFK DRIVE # 201 | |
| 2.4 CITY-ST-ZIP | ATLANTIS FL. 33462 | |
| 3.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Sandra Tardugno | |
| 3.3 STREET ADDRESS | 1935 Lakeshore Drive | |
| 3.4 CITY-ST-ZIP | Ft. Lauderdale FL 33326 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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: *[Signature]* DATE **4-4-97** DAYTIME PHONE **305-822-5526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)