

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086889

Entity Name: ARTHRITIS & OSTEOPOROSIS CLINICS OF FLORIDA, INC.

Current Principal Place of Business:

730 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429

Current Mailing Address:

730 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429

FEI Number: 59-3671460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRALBA, VICTORIA L DR.
730 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429 US

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.

SIGNATURE: VICTORIA L. TORRALBA

02/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TORRALBA, VICTORIA L DR.
Address 730 SE 5TH TERRACE
City-State-Zip: CRYSTAL RIVER FL 34429

Title AUTHORIZED REPRESENTATIVE
Name TORRALBA, BERNARD
Address 730 SE 5TH TERRACE
City-State-Zip: CRYSTAL RIVER FL 34429

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA L. TORRALBA

PRESIDENT

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date