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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 510829

(5)

RHEUMATOLOGY ASSOCIATES, P.A., MARK P. ETTINGER,

Principal Place of Business

Mailing Address

618 E OCEAN BLVD #5 & #6 STUART FL 34994

618 E OCEAN BLVD #5 & #6 STUART FL 34994-2367

FILED Feb 06 1997 8:00am Secretary of State

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S. Name and Address of Current Registered Agent ETTINGER, MARK P. 018 EAST OCEAN BLVD. STUART FL 33494 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 agent. 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 agent. 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 agent. I am floridar with and accept the obligations of Section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am floridar with and accept the obligations of Section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am floridar with and accept the obligations of Section 607 0505, Florida Statutes, the corporation's board of directors. I heleby accept the appointment as registered agent. I am floridar with and accept the obligations of Section 607 0505, Florida Statutes, the corporation's board of directors. I heleby accept the appointment as registered agent. I am floridar with and accept the appointment as registered agent. I am floridar with and accept the appointment as registered agent. I am floridar with an accept the appointment as registered agent. I am floridar with an accept the appointment as registered agent. I am floridar with an accept the appointment as registered agent. I am floridar with an accept the appointment as registered agent. I am floridar with an accept the appointment as registered agent. I am floridar with an accept the appointment as registered agent. I am floridar with a accept the appointment as registered agent. I am floridar with a accept the appointment as registered agent.	23		h							
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STUART FL 33494		9. Name and Address of Current	Registered Agent	•			······································			
STUART FL 33494 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above-hamed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0508, Florida Statutes. FL 85					81	Name				
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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 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 6505, Florida Statutes. SIGNATURE 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS DIRECT ADDRESS DIR					83					
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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	CITY-ST-ZIP									
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; the	14. I do hereb	by certify that the information supplied	with this filing does not quali	ty for the	exer	nption stat	ed in Section 119.07(3)(i), Florida Statute	s I further	certify that	the

SIGNATURE:

(561)781-3000