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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 510829 (5)
1. Corporation Name
RHEUMATOLOGY ASSOCIATES, P.A., MARK P. ETTINGER,
M.D.

Principal Place of Business
618 E OCEAN BLVD #5 & #6
STUART FL 34994

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



2. Principal Place of Business
21 2081 EAST OCEAN BLVD
Suite, Apt. #, etc.
22 SUITE 3-B
City & State
23
Zip 34996 Country
24 25
2a. Mailing Address
26 2081 E OCEAN BLVD
Suite, Apt. #, etc.
27 SUITE 3-B
City & State
28
Zip 34996 Country
29 30

3. Date Incorporated or Qualified
08/18/1976
3a. Date of Last Report
01/22/1996
4. FEI Number
59-1692055
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ETTINGER, MARK P.
618 EAST OCEAN BLVD.
STUART FL 33494

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2081 E OCEAN BLVD # 3 B
83
84 City
FL 85 Zip Code
34996

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ETTINGER, MARK P	
STREET ADDRESS	1373 N W COCONUT PT LANE	
CITY-ST-ZIP	STUART, FLORIDA 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34994
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:

Mark P. Ettinger, M.D. Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97 (581) 781-3000

Date Daytime Phone #

CR2E034 (9/96)