

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 510829

FILED
Mar 16, 2011
Secretary of State

Entity Name: RHEUMATOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

2081 S.E. OCEAN BLVD., STE 3-B
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2081 S.E. OCEAN BLVD., STE 3-B
STUART, FL 34996 US

New Mailing Address:

FEI Number: 59-1692055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISKE, DARRELL
2081 S.E. OCEAN BLVD., STE 3-B
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: FISKE, DARRELL
Address: 4571 SW OAKHAVEN
City-St-Zip: PALM CITY, FL 34990

Title: DST
Name: HOURI, JOHN M
Address: 3712 SW BIMINI CIRCLE
City-St-Zip: PALM CITY, FL 34990

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: DARRELL FISKE

DP

03/16/2011

Electronic Signature of Signing Officer or Director

Date