

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035023

FILED
Apr 11, 2008
Secretary of State

Entity Name: ARTHRITIS & RHEUMATOLOGY CLINIC PA

Current Principal Place of Business:

2119 OAK STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2119 OAK STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3711220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARAKAT, MIRNA
Address: 8188 WEKIVA WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: CEO () Delete
Name: BARAKAT, BSHARA
Address: 8188 WEKIVA WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BSHARA BARAKAT

CEO

04/11/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date