

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000074643

1. Entity Name
ARTHRITIS & RHEUMATISM ASSOCIATES, P.A.



Principal Place of Business
**520 D STREET
SUITE C
CLEARWATER, FL 33756**

Mailing Address
**520 D STREET
SUITE C
CLEARWATER, FL 33756**



07152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3337044 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08/01/05-80009-024 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR ROSEN, ADAM M MD 520 D STREET SUITE C CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM M. ROSEN MD 7/29/05 727-443-6400

Date

Daytime Phone #