

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035023

FILED
Apr 16, 2013
Secretary of State
CC7182309219

Entity Name: ARTHRITIS & RHEUMATOLOGY CLINIC PA

Current Principal Place of Business:

2119 OAK STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2119 OAK STREET
JACKSONVILLE, FL 32204

FEI Number: 59-3711220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARAKAT, BJ DR.
2119 OAK STREET
JACKSONVILLE, FL 32204 US

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: BJ BARAKAT

04/16/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BARAKAT, MIRNA
Address 2119 OAK ST
City-State-Zip: JACKSONVILLE FL 32204

Title CEO
Name BARAKAT, BSHARA
Address 8188 WEKIVA WAY
City-State-Zip: JACKSONVILLE FL 32256

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: BSHARA BARAKAT

DR

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date