

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000035023

**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

04/19/2014

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

CEO

04/19/2014

Electronic Signature of Signing Officer/Director Detail

Date