

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000065681

**Entity Name:** BOLAD ARTHRITIS & RHEUMATOLOGY CLINIC, P.A.

**Current Principal Place of Business:**

1646 33RD ST  
STE 101  
ORLANDO, FL 32839

**Current Mailing Address:**

1646 33RD ST  
STE 101  
ORLANDO, FL 32839 US

**FEI Number:** 47-1508493

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVST  
Name BOLAD, WALEED  
Address 1646 33RD ST  
STE 101  
City-State-Zip: ORLANDO FL 32839

Title D  
Name BOLAD, WALEED  
Address 1646 33RD ST  
STE 101  
City-State-Zip: ORLANDO FL 32839

*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:** WALEED BOLAD

**PRESIDENT**

**04/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date