

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000065681

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

Current Principal Place of Business:

5750 MAJOR BLVD
STE 150
ORLANDO, FL 32819

Current Mailing Address:

5750 MAJOR BLVD
STE 150
ORLANDO, FL 32819 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 CEO
Name BOLAD, WALEED
Address 5750 MAJOR BLVD
 STE 150
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT, SECRETARY,
 TREASURER
Name BOLAD, WALEED
Address 5750 MAJOR BLVD
 STE 150
City-State-Zip: ORLANDO FL 32819

Title VP
Name ABDEL RAHMAN, LAYAL
Address 17130 BREEDERS CUP DR
City-State-Zip: ODESSA FL 33556

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 A BOLAD

CEO

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date