

**2022 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                        | Title           | PVST                       |
| Name            | BOLAD, WALEED              | Name            | BOLAD, WALEED              |
| Address         | 5750 MAJOR BLVD<br>STE 150 | Address         | 5750 MAJOR BLVD<br>STE 150 |
| City-State-Zip: | ORLANDO FL 32819           | City-State-Zip: | ORLANDO FL 32819           |

*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

CEO

04/05/2022

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

\_\_\_\_\_  
Date