

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000065681

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

Current Principal Place of Business:

207 W GORE ST
SUITE 200
ORLANDO, FL 32806

Current Mailing Address:

390 N. ORANGE AVE., SUITE 2300
ORLANDO, FL 32801 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 | Title | D |
| Name | BOLAD, WALEED | Name | BOLAD, WALEED |
| Address | 207 W GORE ST SUITE 200 | Address | 207 W GORE ST SUITE 200 |
| City-State-Zip: | ORLANDO FL 32806 | City-State-Zip: | ORLANDO FL 32806 |

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

03/05/2015

Electronic Signature of Signing Officer/Director Detail

Date