#### 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

Electronic Signature of Signing Officer/Director Detail

#### 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
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#### **Officer/Director Detail :**

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

# 2023 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

# 02/28/2023

Date

# FILED Feb 28, 2023 Secretary of State 7304316571CC

Certificate of Status Desired: No

City-State-Zip: ORLANDO FL 32819

PRESIDENT