

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000002268

**FILED**  
**Feb 26, 2023**  
**Secretary of State**  
**3286139265CC**

**Entity Name:** THE ARTHRITIS FOUNDATION, INC.

**Current Principal Place of Business:**

1355 PEACHTREE STREET NE  
SUITE 600  
ATLANTA, GA 30309

**Current Mailing Address:**

1355 PEACHTREE STREET NE  
SUITE 600  
ATLANTA, GA 30309 US

**FEI Number: 58-1341679**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY  
Name (BING) CHANG, ROWLAND W.  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title TREASURER  
Name BIHL, ANTHONY  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name LOTZ, MARTIN  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name FROMISON, MARK  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name FLEETWOOD, THOMAS  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name DORE, ROBIN  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name EHLING, DENNIS  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name PLEASANCE, DAVID  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DENNIS EHLING**

**SECRETARY**

**02/26/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KAHLON, RANDEEP  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name MILOJEVIC, DIANA  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title PRESIDENT/CEO  
Name PALMER, ANN  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name MURALI , VIJAY  
Address 1355 PEACHTREE STREET NE  
SUITE 600  
City-State-Zip: ATLANTA GA 30309