

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 510829

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** RHEUMATOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2081 EAST OCEAN BLVD.  
STE 3-B  
STUART, FL 34996 US

**New Principal Place of Business:**

**Current Mailing Address:**

2081 EAST OCEAN BLVD.  
STE 3-B  
STUART, FL 34996 US

**New Mailing Address:**

**FEI Number:** 59-1692055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISKE, DARRELL  
2081 EAST OCEAN BLVD. STE 3-B  
STUART, FL 34996 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FISKE, DARRELL  
Address: 4571 SW OAKHAVEN  
City-St-Zip: PALM CITY, FL 34990

Title: DST  
Name: HOURI, JOHN M  
Address: 3712 SW BIMINI CIRCLE  
City-St-Zip: PALM CITY, FL 34990

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: DARRELL FISKE

DP

03/23/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date