

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751953

FILED
Apr 23, 2007
Secretary of State

Entity Name: FLORIDA SOCIETY OF RHEUMATOLOGY, INC.

Current Principal Place of Business:

4909 LANNIE RD
STE B
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

4909 LANNIE RD
STE B
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-2106715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORBETT, JEANNE CMP
4909 LANNIE RD
STE B
JACKSONVILLE, FL 32218 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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MEERA, OZA MD
Address: 2100 KINGSLEY AVE.
City-St-Zip: ORANGE PARK, FL 32073

Title: MD () Delete
Name: TORBETT, JEANNE CMP
Address: 4909 LANNIE RD STE B
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD () Delete
Name: CROFT, STEVEN
Address: 5130 LINTON BLVD SUITE F1
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: CROFT, STEVEN
Address: 5130 LINTON BLVD SUITE F1
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEANNE TORBETT, CMP

MD

04/23/2007

Electronic Signature of Signing Officer or Director

Date