2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# F10000005400

Entity Name: SOCIETY OF PHYSICIAN ASSISTANTS IN RHEUMATOLOGY, INC.

Current Principal Place of Business:

11700 N 58TH ST SUITE B
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

SPAR
PO BOX 82501
TAMPA, FL 33682

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EASTER, SUSAN
C/O FOCUS -ED
11700 N 58TH ST SUITE B
TEMPLE TERRACE, FL 33617 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: D
Name: EASTER, SUSAN
Address: 11700 N 58TH ST SUITE B
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D
Name: POPE, RICHARD
Address: 375 CHESTNUT TREE HILL ROAD
City-St-Zip: SOUTHBURY, CT 06488

Title: P
Name: FLINN, DONALD R
Address: 812 SW 112TH ST
City-St-Zip: OKLAHOMA CITY, OK 73170

Title: V
Name: GIANNELLI, ANTONIO
Address: 4810 DIMOND WAY
City-St-Zip: DIMONDALE, MI 48821

Title: S
Name: RICHMOND, SUSAN
Address: 36 CRANBERRY LANE
City-St-Zip: HOLLISTON, MA 01746

Title: T
Name: PATEL, TRISHNA
Address: 1389 W MAIN ST #120
City-St-Zip: WATERBURY, CT 06708

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: SUSAN EASTER D 04/30/2011
Electronic Signature of Signing Officer or Director — Date