2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K91810 1. Entity Name

ARTHRITIS SPECIALISTS, PA



FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business BARRY K. WATERS, MD 3100 CORAL HILLS DRIVE STE 302 CORAL SPRINGS, FL 33065

Mailing Address

BARRY K. WATERS, MD 3100 CORAL HILLS DRIVE STE 302 CORAL SPRINGS, FL 33065



DO NOT WRITE IN THIS SPAC			CE	03182004 4. FEI Numbe	No Chg-P	CR2E034 (10/03)	
		M. V.		65-012			Not Applicable
	in the second	and the second of the second		5. Certificate	of Status Desired		75 Additional Required
	Name and Address of Current Regis	stered Agent			, .: <u></u>	,	
WATERS, BARRY 3100 CORAL HILLS DRIVE STE 302 CORAL SPRINGS, FL 33065			DO NOT WRITE IN THIS SPACE				
the obligat	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or regist	ered ag ent, or bot	n, in the State of Flo	orida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	d Agent signalure requir	ed when reinstating)	-	DATE	
	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	noing \$	5.00 May Be ided to Fees			
10.	OFFICERS AND DIRE	CTORS	_				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PVT WATERS, BARRY 1753 NW 126TH DR CORAL SPRINGS, FL 33071				U00000 05/05/04-8	154967	
TITLE NAME STREET ADDRESS CITY+ST-ZIP					U5/U5/U4-8	80016-054	1 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						· .	<u>.</u> 4 1
TITLE		<u>-</u>	,				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR