# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 09, 2007**
**Secretary of State**

DOCUMENT# K91810

**Entity Name:** ARTHRITIS SPECIALISTS, PA

**Current Principal Place of Business:**

3100 CORAL HILLS DRIVE
STE 302
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3100 CORAL HILLS DRIVE
STE 302
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number: 65-0127265** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WATERS, BARRY K MD
1753 NW 126TH DRIVE
CORAL SPRINGS, FL 33071 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVTS ( ) Delete
Name: WATERS, BARRY K MD
Address: 3100 CORAL HILLS DR STE 302
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY WATERS PVTS 07/09/2007

Electronic Signature of Signing Officer or Director Date