

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90091 016 ***150.00

DOCUMENT # K91810

1. Entity Name
ARTHRITIS SPECIALISTS, PA



Principal Place of Business
3100 CORAL HILLS DR. SUITE 302
CORAL SPRINGS FL 33065

Mailing Address
3100 CORAL HILLS DR. SUITE 302
CORAL SPRINGS FL 33065

70025085



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Arthritis Specialists, PA
Barry K. Waters, MD
3100 Coral Hills Drive Ste 302
Coral Springs, FL 33065

3. Mailing Address
Arthritis Specialists, PA
Barry K. Waters, MD
3100 Coral Hills Drive Ste 302
Coral Springs, FL 33065

4. FEI Number **65-0127265**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, BARRY
10139 NW 31ST STREET
SUITE ~~100~~ 101
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
Barry K. Waters, MD
3100 Coral Hills Drive Ste 302
Coral Springs, FL 33065

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barry K. Waters, MD* **Barry K. Waters, MD** **3/3/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PVT WATERS, BARRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1753 NW 126TH DR		
	CORAL SPRINGS FL 33071		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

SIGNATURE: *Barry K. Waters, MD* **Barry K. Waters, MD** **3/3/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/02)