

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05772

FILED
Jun 20, 2012
Secretary of State

Entity Name: RHEUMATOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

3160 SOUTHGATE COMMERCE BLVD
STE 30
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3160 SOUTHGATE COMMERCE BLVD
STE 30
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-2958999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, PAMELA G MD
3160 SOUTHGATE COMMERCE BLVD
STE 30
ORLANDO, FL 32806 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: PTD
Name: FREEMAN, PAMELA G MD
Address: 3160 SOUTHGATE COMMERCE BLVD
City-St-Zip: ORLANDO, FL 32806

Title: VPD
Name: HASSELBRING, CARYN G MD
Address: 3160 SOUTHGATE COMMERCE BLVD
City-St-Zip: ORLANDO, FL 32806

Title: SD
Name: SUMMERS, LAURA B MD
Address: 3160 SOUTHGATE COMMERCE BLVD
City-St-Zip: ORLANDO, FL 32806

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA G FREEMAN MD

PRES

06/20/2012

Electronic Signature of Signing Officer or Director

Date