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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 12:36

DOCUMENT # L47469 (6)

1. Corporation Name

OSCEOLA ARTHRITIS CENTER, INC.

Principal Place of Business

**800 NORTH CENTRAL AVE., SUITE A-1
KISSIMMEE FL 34741
US**

Mailing Address

**800 NORTH CENTRAL AVE., SUITE A-1
KISSIMMEE FL 34741
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/30/1990

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2992093

Applied For

Not Applicable

2. Principal Place of Business

21 715 oak Commons Blvd

2a. Mailing Address

26 715 oak Commons Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27 B

City & State

23 Kissimmee FL

City & State

28 Kissimmee FL

Zip

Country

24 34741

25 0

Zip

Country

29 34741

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BANDEALY, KARAMALI A.
800 N CENTRAL AVENUE
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

715 oak Commons Blvd SW

83

Suite B

84 City

Kissimmee

FL

85 Zip Code

34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BANDEALY, KARAMALI A.

STREET ADDRESS

800 N CENTRA AVE

CITY, ST, ZIP

KISSIMMEE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature (Name & Title)