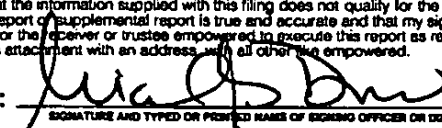


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-14-2006 90147 047 ****70.00

DOCUMENT # N04224					
1. Entity Name THE ARTHRITIS RESEARCH INSTITUTE OF AMERICA, INC.					
Principal Place of Business 300 S DUNCAN AVE #200 188 CLEARWATER, FL 33755			Mailing Address 300 S DUNCAN AVE #200 188 CLEARWATER, FL 33755		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2438325	
				Applied For ☐ Not Applicable ☐	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEW, MICHELE B 300 S. DUNCAN AVE., STE. 200 188 CLEARWATER, FL 33755				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARRETT, JOHN P JR 300 S. DUNCAN AVENUE #200 188 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dave Hullock 300 S. Duncan Ave #188 Clearwater, FL 33755	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BROWN, PETER R 300 S. DUNCAN AVE. #200 188 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ed Furlina 300 S. Duncan Ave #188 Clearwater, FL 33755	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T UMBERG, PAUL 300 S. DUNCAN AVENUE #200 CLEARWATER, FL 33755	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Scott Kellett 300 S. Duncan Ave #188 Clearwater, FL 33755	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD DEW, MICHELE B 300 S. DUNCAN AVE #200 188 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mark Rhom 300 S. Duncan Ave #188 Clearwater, FL 33755	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKE, BRIAN 300 SO DUNCAN AVE #240 CLEARWATER, FL 33755	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Eric James 300 S. Duncan Ave #188 Clearwater, FL 33755	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BABB, JOHN 300 S. DUNCAN AVE. #200 188 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signatures 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 817, 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: 			4-10-06 727-461-4054		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66012073



02142006 Chg-NP CR2E037 (11/05)