

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04224

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** THE ARTHRITIS RESEARCH INSTITUTE OF AMERICA, INC.

**Current Principal Place of Business:**

300 S DUNCAN AVE #188  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

300 S DUNCAN AVE #188  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 59-2438325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRETT, JOHN P MD  
300 S. DUNCAN AVE., STE. 188  
CLEARWATER, FL 33755 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: PD  
Name: BARRETT, JOHN P JR  
Address: 300 S DUNCAN AVE STE 188  
City-St-Zip: CLEARWATER, FL 33755

Title: CD  
Name: FARINA, EDWARD J PHD  
Address: 300 S DUNCAN AVE STE 188  
City-St-Zip: CLEARWATER, FL 33755

Title: D  
Name: CHERYL, CORNELIUS  
Address: 300 S DUNCAN AVE #188  
City-St-Zip: CLEARWATER, FL 33755

Title: D  
Name: MARIELLEN, MURRAY  
Address: 300 S. DUNCAN AVENUE #188  
City-St-Zip: CLEARWATER, FL 33755

Title: D  
Name: TRAINOR, JOSEPH  
Address: 300 S DUNCAN AVE #188  
City-St-Zip: CLEARWATER, FL 33755

Title: D  
Name: MICHELE, BARRETT M  
Address: 300 S DUNCAN AVE #188  
City-St-Zip: CLEARWATER, FL 33755

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

SIGNATURE: JOHN P BARRETT JR MD

PD

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date