

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010131

FILED
Mar 08, 2005
Secretary of State

Entity Name: OCEAN RIDGE ARTHRITIS ASSOCIATES, P.A.

Current Principal Place of Business:

2623 SOUTH SEACREST BLVD
210
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

4075 ARTHURIUM AVE
LANTANA, FL 33462

New Mailing Address:

FEI Number: 65-0983695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARKMAN, HOPE
4075 ARTHURIUM AVE
LAKE WORTH, FL 33462 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: STARKMAN, HOPE
Address: 4075 ARTHURIUM AVE
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HOPE STARKMAN, MD

MD

03/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date