

ANNUAL REPORT

DOCUMENT # P00000010131

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



Principal Place of Business
2623 SOUTH SEACREST BLVD
210
BOYNTON BEACH, FL 33435

Mailing Address
4075 ARTHURIUM AVE
LANTANA, FL 33462

FILED
May 07, 2007 08:00 A
Secretary of State



04182007 No Chg-P CR 1534 (11/05)

4. FEI Number
65-0983695
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STARKMAN, HOPE
4075 ARTHURIUM AVE
LAKE WORTH, FL 33462

**DO NOT WRITE
IN THIS SPACE**

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, and is familiar with, and accepts the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

CIT

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	STARKMAN, HOPE
STREET ADDRESS	4075 ARTHURIUM AVE
CITY- ST- ZIP	LAKE WORTH, FL 33462
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	

**DO NOT WRITE
IN THIS SPACE**

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05-23-07-80024-015-158-75

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 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-28-07 561 736 2699