

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010131

FILED  
Apr 19, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1880 N. CONGRESS AVE  
320  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

4075 ARTHURIUM AVE  
LANTANA, FL 33462

**New Mailing Address:**

1880 N. CONGRESS AVE  
320  
BOYNTON BEACH, FL 33436

**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 M  
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

**OFFICERS AND DIRECTORS:**

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

Title: MD  
Name: STARKMAN, HOPE  
Address: 1880 NO. CONGRESS AVE SUITE 320  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MD  
Name: STARKMAN, HOPE  
Address: 2623 SOUTH SEACREST BLVD #210  
City-St-Zip: BOYNTON BEACH, FL 33435

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

SIGNATURE: HOPE STARKMAN

MD

04/19/2012

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

\_\_\_\_\_  
Date