

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000035023

1. Entity Name
ARTHRITIS & RHEUMATOLOGY CLINIC PA



Principal Place of Business
2119 OAK STREET
JACKSONVILLE, FL 32204

Mailing Address
2119 OAK STREET
JACKSONVILLE, FL 32204

FILED
05 MAR 14 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3711220

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARAKAT, MIRNA 8188 WEKIVA WAY JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARAKAT, BSHARA 8188 WEKIVA WAY JACKSONVILLE, FL 32256 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

500049077425
03/24/05--01005--008 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

3/8/05

Date

Daytime Phone #

(904)3898222