

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000039122

1. Entity Name
NORTH FLORIDA ARTHRITIS CLINIC P.A



Principal Place of Business

**4551 WEST US 90
SUITE 102
LAKE CITY, FL 32055**

Mailing Address

**4551 WEST US 90
SUITE 102
LAKE CITY, FL 32055**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3044079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANSOOR, RIZWAN
1502 NW 90TH TERRACE
GAINESVILLE, FL 32606**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MANSOOR, RIZWAN
4551 WEST US 90 STE 102
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000163307
07/06/04-80008-006 150.00

**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)(f), 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 all other like empowered.

SIGNATURE:

Rizwan Mansoor
RIZWAN MANSOOR

7/1/04

(386) 719-6520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #