

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039122

FILED
Apr 13, 2009
Secretary of State

Entity Name: NORTH FLORIDA ARTHRITIS CLINIC P.A

Current Principal Place of Business:

4551 WEST US 90
SUITE 102
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

4551 WEST US 90
SUITE 102
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 75-3044079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSOOR, RIZWAN
2446 NW 12TH PLACE
GAINESVILLE, FL 32605 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: P () Delete
Name: MANSOOR, RIZWAN
Address: 4551 WEST US 90 STE 102
City-St-Zip: LAKE CITY, FL 32055

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 exemption stated 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 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: RIZWAN MANSOOR MD

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date