



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

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05-21-2003 90190 012 ***150.00

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 1502 NW 90TH TERRACE GAINESVILLE FL 32606		
2. Principal Place of Business		3. Mailing Address 4551 WEST US 90			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 102			
City & State		City & State LAKE CITY FL 32055		4. FEI Number 75-3044079	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent MANSOOR, RIZWAN 1502 NW 90TH TERRACE GAINESVILLE FL 32606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RIZWAN MANSOOR M.D. 4551 WEST US 90, SUITE 102 LAKE CITY, FL, 32055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None		TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	None		TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None		TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
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 all other like empowered.					
SIGNATURE: 			5/15/03 (386) 719-6520		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E034 (10/02)