2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

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Entity Name: ARTHRITIS AND RHEUMATOLOGY ASSOCIATES OF PALM BEACH, INC.

Current Principal Place of Business:

1515 N FLAGLER DR
SUITE 620
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1515 N FLAGLER DR
SUITE 620
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-0468264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, MARTIN V ESQ
625 N FLAGLER DR
9TH FLOOR
WEST PALM BEACH, FL 33401 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: P
Name: VIRSHUP, ARTHUR M MD
Address: 1515 N FLAGLER DR SUITE 620
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T
Name: SCHWEITZ, MICHAEL C MD
Address: 1515 N FLAGLER DR SUITE 620
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP
Name: ROSS, MICHAEL D MD
Address: 1515 N FLAGLER DR SUITE 620
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S
Name: GREER, JONATHAN M MD
Address: 1515 N FLAGLER DR SUITE 620
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AVP
Name: TOKAYER, AMIEL Y MD
Address: 1515 N FLAGLER DR, SUITE 620
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AVP
Name: CEREJO, RUI P D.O.
Address: 1515 N FLAGLER DR. SUITE 620
City-St-Zip: WEST PALM BEACH, FL 33401

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: ARTHUR M. VIRSHUP, M.D. P 01/09/2012

Electronic Signature of Signing Officer or Director — Date