2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# P04000126315

Entity Name: FLORIDA ARTHRITIS & RHEUMATISM, INC.

Current Principal Place of Business:

326 W. OAK ST.
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

326 W. OAK ST.
KISSIMMEE, FL 34741 US

New Mailing Address:

P.O. BOX 421606
KISSIMMEE, FL 34742 US

FEI Number: 55-0881208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZIZ, ABDUL
9106 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

AZIZ, ABDUL
P.O.BOX 421606
KISSIMMEE, FL 34742 US

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: 03/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AZIZ, ABDUL
Address: 9106 PHILLIPS GROVE TERRACE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AZIZ, ABDUL
Address: P.O. BOX 421606
City-St-Zip: KISSIMMEE, FL 34742

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ABDUL AZIZ P 03/11/2005
Electronic Signature of Signing Officer or Director Date