

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126315

FILED
May 22, 2007
Secretary of State

Entity Name: FLORIDA ARTHRITIS & RHEUMATISM, INC.

Current Principal Place of Business:

326 W. OAK ST.
KISSIMMEE, FL 34741 US

New Principal Place of Business:

201 HILDA STREET
SUITE #22
KISSIMMEE, FL 34741 US

Current Mailing Address:

P.O. BOX 421606
KISSIMMEE, FL 34742 US

New Mailing Address:

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
P.O.BOX 421606
KISSIMMEE, FL 34742 US

Name and Address of New Registered Agent:

AZIZ, ABDUL
201 HILDA STREET
SUITE #22
KISSIMMEE, FL 34741 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: _____

Electronic Signature of Registered Agent

05/22/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: ABDUL AZIZ

P

05/22/2007

Electronic Signature of Signing Officer or Director

Date