

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

05-05-2006 90196 019 ***150.00

DOCUMENT # P05000091130

1. Entity Name
SOUTHEAST REGIONAL ARTHRITIS CENTER, INC.



Principal Place of Business
703 COURT ST
CLEARWATER, FL 33756 US

Mailing Address
703 COURT ST
CLEARWATER, FL 33756 US

2. Principal Place of Business
1700 N. McMULLEN BOOTH RD

3. Mailing Address
1700 N. McMULLEN BOOTH RD

Suite, Apt. #, etc.
SUITE C 142

Suite, Apt. #, etc.
SUITE C 142

City & State
Clearwater FL

City & State
CLEARWATER FL

Zip
33759

Country
USA

Zip
33759

Country
USA

03202006

Chg-P

CP2E903 (11/05)

4. FEI Number

Apply For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

JENNINGS, THOMAS C III
703 COURT ST
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's name is required when changing registration.)

Title

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2006

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MARLOWE, SALLY	
STREET ADDRESS	703 COURT ST	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, Florida Statutes. I further certify that this 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

Sally Marlowe

727-723-1454

4/14/06