


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P05000091130

1. Entity Name
SOUTHEAST REGIONAL ARTHRITIS CENTER, INC.



Principal Place of Business Mailing Address

**1700 N MCMULLEN BOOTH RD
STE C1-2
CLEARWATER FL 33759
US**

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STE C1-2
CLEARWATER FL 33759
US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

20-3207357 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/07)

6. 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

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PSTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARLOWE, SALLY | NAME | |
| STREET ADDRESS | 703 COURT ST | STREET ADDRESS | 000000847583 |
| CITY-ST-ZIP | CLEARWATER FL 33756 | CITY-ST-ZIP | 03/19/08-80025-021 150.00 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  Date: **3/3/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Electronic Filing #