

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074643

FILED
Jun 30, 2004
Secretary of State

Entity Name: ARTHRITIS & RHEUMATISM ASSOCIATES, P.A.

Current Principal Place of Business:

520 D STREET
SUITE C
CLEARWATER, FL 34616

New Principal Place of Business:

520 D STREET
SUITE C
CLEARWATER, FL 33756

Current Mailing Address:

520 D STREET
SUITE C
CLEARWATER, FL 34616

New Mailing Address:

520 D STREET
SUITE C
CLEARWATER, FL 33756

FEI Number: 59-3337044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET, SUITE 102
CLEARWATER, FL 34616 US

Name and Address of New Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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:

06/30/2004

Electronic Signature of Registered Agent

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: D () Delete
Name: ROSEN, ADAM M MD
Address: 520 D STREET SUITE C
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ROSEN, ADAM M MD
Address: 520 D STREET SUITE C
City-St-Zip: CLEARWATER, FL 33756

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: ADAM M. ROSEN

DR

06/30/2004

Electronic Signature of Signing Officer or Director

Date