


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000074643	
1. Entity Name ARTHRITIS & RHEUMATISM ASSOCIATES, P.A.	

Principal Place of Business 520 D STREET SUITE C CLEARWATER, FL 33756	Mailing Address 520 D STREET SUITE C CLEARWATER, FL 33756
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03042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3337044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756
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**DO NOT WRITE
IN THIS SPACE**

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 signature required when re-registering) DATE _____

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ROSEN, ADAM M MD 520 D STREET SUITE C CLEARWATER, FL 33756
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02/22/06 00001 001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an officer like empowered.

SIGNATURE:  **3/15/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #