


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 05 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000010392 (4)**  
1. Corporation Name  
**ARTHRITIS AND RHEUMATIC DISEASE SPECIALTIES, INC**



|   |   |
|---|---|
| Principal Place of Business<br><b>100 S.E. 2ND STREET<br/>36TH FLOOR<br/>MIAMI FL 33131</b> | Mailing Address<br><b>100 S.E. 2ND STREET<br/>36TH FLOOR<br/>MIAMI FL 33131</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |  |
|---|--|---|--|--|
| 2. Principal Place of Business<br><b>21 100 SE 2nd St.</b><br>Suite, Apt. #, etc.<br><b>22 36 Floor</b><br>City & State<br><b>23 Miami, FL 33131</b><br>Zip Country<br><b>24 33131 25 USA</b> |  | 2a. Mailing Address<br><b>26 100 S.E. 2nd Street</b><br>Suite, Apt. #, etc.<br><b>27 36th Floor</b><br>City & State<br><b>28 Miami, FL 33131</b><br>Zip Country<br><b>29 33131 30 USA</b> |  | 3. Date Incorporated or Qualified<br><b>02/01/1996</b> |
|   |  | 4. FEI Number<br><b>65-0639788</b>  | Applied For<br><input type="checkbox"/> Not Applicable |  |
|   |  | 5. Certificate of Status Desired <b>XX</b>  | <b>\$8.75 Additional Fee Required</b>                  |  |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |  |
|   |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  |  |

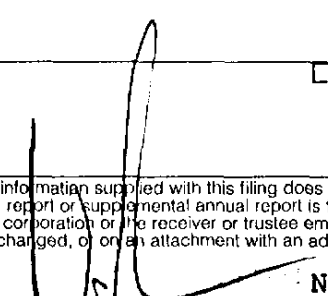
|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>GARBE, SUSAN ESQ.<br/>100 S.E. 2ND STREET<br/>36TH FLOOR<br/>MIAMI FL 33131</b> |  | 10. Name and Address of New Registered Agent<br><b>81 Name Tarbe, Susan, Esq.</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street</b><br><b>83 36th Floor</b><br><b>84 City Miami FL 85 Zip Code 33131</b> |  |
|---|--|--|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **Susan Tarbe, Esq.** DATE

|  |  |   |   |
|--|--|---|---|
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                               |   |
| TITLE<br><b>P</b><br>NAME<br><b>GAYLIS, NORMAN M.D.</b><br>STREET ADDRESS<br><b>100 N.W. 170 STREET, SUITE 105</b><br>CITY-ST-ZIP<br><b>NORTH MIAMI BEACH FL 33169</b> | <input type="checkbox"/> DELETE            | 1.1 TITLE<br><b>1.2 NAME</b><br><b>1.3 STREET ADDRESS</b><br><b>1.4 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>VP</b><br>NAME<br><b>FERNANDEZ, CHARLES M</b><br>STREET ADDRESS<br><b>100 S.E. 2ND STREET, 36TH FLOOR</b><br>CITY-ST-ZIP<br><b>MIAMI FL 33131</b>          | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br><b>2.2 NAME</b><br><b>2.3 STREET ADDRESS</b><br><b>2.4 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>S</b><br>NAME<br><b>TORGE, SUSAN ESQ.</b><br>STREET ADDRESS<br><b>100 S.E. 2ND STREET, 36TH FLOOR</b><br>CITY-ST-ZIP<br><b>MIAMI FL 33131</b>              | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br><b>3.2 NAME</b><br><b>3.3 STREET ADDRESS</b><br><b>3.4 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>T</b><br>NAME<br><b>SOSA, MARIA</b><br>STREET ADDRESS<br><b>100 S.E. 2ND STREET, 36TH FLOOR</b><br>CITY-ST-ZIP<br><b>MIAMI FL 33131</b>                    | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br><b>4.2 NAME</b><br><b>4.3 STREET ADDRESS</b><br><b>4.4 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>DELETE</b>   | <input type="checkbox"/> DELETE            | 5.1 TITLE<br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>DELETE</b>   | <input type="checkbox"/> DELETE            | 6.1 TITLE<br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  **Norman Gaylis, President**

CR2E034 (10/97)