

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010392

1. Entity Name

ARTHRITIS AND RHEUMATIC DISEASE SPECIALTIES, INC

FILED

00 APR 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

100 S.E. 2ND STREET
36TH FLOOR
MIAMI FL 33131

100 S.E. 2ND STREET
36TH FLOOR
MIAMI FL 33131-2158

2. Principal Place of Business

3. Mailing Address

80 S.W. 8th Street

80 S.W. 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2350

Suite 2350

City & State
Miami, FL

City & State
Miami, FL

Zip
33130

Country
USA

Zip
33130

Country
USA

4. FEI Number 65-0639788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.
528 EAST PARK AVENUE
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME GAYLIS, NORMAN M.D.
STREET ADDRESS 100 N.W. 170 STREET, SUITE 105
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE PTS ☒ Change ☐ Addition
NAME Spencer J. Angel
STREET ADDRESS 80 S.W. 8th Street, Suite 2350
CITY-ST-ZIP Miami, FL 33130

TITLE T ☒ Delete
NAME ALTMAN, BRUCE
STREET ADDRESS 100 N.W. 170 STREET, SUITE 105
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE VP ☒ Change ☐ Addition
NAME Guillermo Salazar
STREET ADDRESS 80 S.W. 8th Street, Suite 2350
CITY-ST-ZIP Miami, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)