

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053494

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** THE ARTHRITIS CLINIC INC

**Current Principal Place of Business:**

11325 CORTEZ BLVD  
SPRING HILL, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

11325 CORTEZ BLVD  
SPRING HILL, FL 34613

**New Mailing Address:**

FEI Number: 59-3384750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOUREIDEN, ANAS  
901 BELVOIR WAY  
SPRING HILL, FL 34607 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: MOUREIDEN, ANAS  
Address: 901BELVOIR WAY  
City-St-Zip: SPRING HILL, FL 34609

I hereby 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 all other like empowered.

SIGNATURE: ANAS MOUREIDEN

PST

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date