

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044598

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: ARTHRITIS & RHEUMATIC CARE CENTER, P.A.

## Current Principal Place of Business:

7500 S.W. 87TH AVENUE  
SUITE 201  
MIAMI, FL 33173

## New Principal Place of Business:

6141 SUNSET DRIVE  
SUITE 501  
SOUTH MIAMI, FL 33143

## Current Mailing Address:

7500 S.W. 87TH AVENUE  
SUITE 201  
MIAMI, FL 33173

## New Mailing Address:

6141 SUNSET DRIVE  
SUITE 501  
SOUTH MIAMI, FL 33143

FEI Number: 65-0757755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHELDON, ERIC A MD  
7500 S.W. 87 AVENUE, STE. 201  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

SHELDON, ERIC A MD  
6141 SUNSET DRIVE  
SUITE 501  
SOUTH MIAMI, FL 33143 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:

03/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: PACHON, JAIME A MD  
Address: 7500 S.W. 87 AVENUE, SUITE. 201  
City-St-Zip: MIAMI, FL 33173

Title: P ( ) Delete  
Name: SHELDON, ERIC A MD  
Address: 7500 SW 87 AVENUE, SUITE 201  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: PACHON, JAIME A MD  
Address: 6141 SUNSET DRIVE, SUITE 501  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: P (X) Change ( ) Addition  
Name: SHELDON, ERIC A MD  
Address: 6141 SUNSET DRIVE, SUITE 501  
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ERIC SHELDON, MD

P

03/14/2007

Electronic Signature of Signing Officer or Director

Date