2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P97000077500

Entity Name: ORLANDO ARTHRITIS INSTITUTE, P.A.

Current Principal Place of Business:

1717 S. ORANGE AVE
STE 100
ORLANDO, FL 32836

New Principal Place of Business:

1717 S. ORANGE AVE
STE 100
ORLANDO, FL 32806

Current Mailing Address:

1717 S. ORANGE AVE
STE 100
ORLANDO, FL 32836

New Mailing Address:

1717 S. ORANGE AVE
STE 100
ORLANDO, FL 32806

FEI Number: 59-3470767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEIKH, JAVAID S
8424 SAINT MARINO BLVD
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

SHEIKH, JAVAID S
9119 SOUTHERN BREEZE DR
ORLANDO, FL 32836 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: 01/05/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: SHEIKH, JAVID S
Address: 8424 SAINT MARINO BLVD
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: SHEIKH, JAVAID S
Address: 9119 SOUTHERN BREEZE DR
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAVAID S. SHEIKH PR 01/05/2005
Electronic Signature of Signing Officer or Director — Date