9/00-90283-038-$61.25-$61.25

DOCUMENT # P99000055493

Entity Name

ARTHRITIS AND SPORTSCARE CENTER, INC.

01-19-2000 90283 038 ****61.25
03-31-2000 90102 005 ****88.75

Principal Place of Business	Mailing Address
HIGHWAY 77 CITY FL 32405	2917 HIGHWAY 77 PANAMA CITY FL 32405-4411

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4 FEI Number 59-3588945

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
CRAYTON, HULON E 2917 HIGHWAY 77 PANAMA CITY FL 32405	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

TITLE	D	☐ Delete	12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/99)

	OFFICERS AND DIRECTORS		12.
TITLE	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	CRAYTON, HULON E		
STREET ADDRESS	2917 HIGHWAY 77		
CITY-ST-ZIP	PANAMA CITY FL 32405		
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

☐ Change ☐ Addition (repeated for each row)

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: _____ 1/12/00 850 873-6248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #