

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04224

**Entity Name:** THE ARTHRITIS RESEARCH INSTITUTE OF AMERICA, INC.**Current Principal Place of Business:**300 S DUNCAN AVE #188  
CLEARWATER, FL 33755**Current Mailing Address:**300 S DUNCAN AVE #188  
CLEARWATER, FL 33755**FEI Number:** 59-2438325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARRETT, JOHN PMD  
300 S. DUNCAN AVE., STE. 188  
CLEARWATER, FL 33755 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	BARRETT, JOHN PJR
Address	300 S DUNCAN AVE STE 188
City-State-Zip:	CLEARWATER FL 33755

Title	D
Name	CHERYL, CORNELIUS
Address	300 S DUNCAN AVE #188
City-State-Zip:	CLEARWATER FL 33755

Title	D
Name	MICHELE, BARRETT M
Address	300 S DUNCAN AVE #188
City-State-Zip:	CLEARWATER FL 33755

Title	CD
Name	FARINA, EDWARD JPHD
Address	300 S DUNCAN AVE STE 188
City-State-Zip:	CLEARWATER FL 33755

Title	D
Name	MARIELLEN, MURRAY
Address	300 S. DUNCAN AVENUE #188
City-State-Zip:	CLEARWATER FL 33755

Title	DIRECTOR
Name	JOSEPH, BAKER
Address	300 S DUNCAN AVE #188
City-State-Zip:	CLEARWATER FL 33755

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHELE BARRETT****EXECUTIVE DIRECTOR****01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date