

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K91810

**Entity Name:** ARTHRITIS SPECIALISTS, PA

**Current Principal Place of Business:**

3100 CORAL HILLS DRIVE  
STE 302  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3100 CORAL HILLS DRIVE  
STE 302  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-0127265

**Certificate of Status Desired:** No

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

WATERS, BARRY KMD  
1753 NW 126TH DRIVE  
CORAL SPRINGS, FL 33071 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            PVTS  
Name            WATERS, BARRY KMD  
Address        3100 CORAL HILLS DR STE 302  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** BARRY K WATERS, MD

**PRESIDENT**

**01/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date