

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000020009

Entity Name: ARTHRITIS & RHEUMATOLOGY CARE CENTER PA

Current Principal Place of Business:

10922 CROSSWICKS RD
JACKSONVILLE, FL 32256

Current Mailing Address:

9838 OLD BAYMEADOWS ROAD
#344
JACKSONVILLE, FL 32256 US

FEI Number: 46-2165127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RELAN, MANISH MD
10922 CROSSWICKS RD
JACKSONVILLE, FL 32256 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 P
Name RELAN, MANISH MD
Address 10922 CROSSWICKS RD
City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER
Name RELAN, KOMAL DR.
Address 10922 CROSSWICKS RD
City-State-Zip: JACKSONVILLE FL 32256

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: MANISH RELAN

MD

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date