

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000081515

**Entity Name:** SOUTHEAST REGIONAL ARTHRITIS CENTER, INC.

**Current Principal Place of Business:**

2221 KENT PLACE  
CLEARWATER, FL 33764

**Current Mailing Address:**

PO BOX 5227  
CLEARWATER, FL 33758 US

**FEI Number:** 20-3207357

**Certificate of Status Desired:** No

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

LANGSTON, HESS & MOYLES, P.A.  
600 DRUID RD. E.  
CLEARWATER, FL 33756 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:** M. SEAN MOYLES

02/19/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, T  
Name MARLOWE, SALLY  
Address 1478 JORDAN HILLS COURT  
City-State-Zip: CLEARWATER FL 33756

*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:** SALLY MARLOWE

PRESIDENT

02/19/2017

Electronic Signature of Signing Officer/Director Detail

Date