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 04/30/2016

SIGNATURE: SALLY MARLOWE
Electronic Signature of Signing Officer/Director Detail

Entity Name: SOUTHEAST REGIONAL ARTHRITIS CENTER, INC. Current Principal Place of Business:

1478 JORDAN HILLS COURT CLEARWATER, FL 33756

DOCUMENT# P14000081515

Current Mailing Address:

1478 JORDAN HILLS COURT CLEARWATER, FL 33756 US

FEI Number: 20-3207357

Name and Address of Current Registered Agent:

WEISS, FRANK 3233 EAST BAY DR 107 LARGO, FL 33771 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

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

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

FILED Apr 30, 2016 Secretary of State CC6092477621

Certificate of Status Desired: No

Date

Date