

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053494

Entity Name: THE ARTHRITIS CLINIC INC

Current Principal Place of Business:

11325 CORTEZ BLVD
SPRING HILL, FL 34613

Current Mailing Address:

11325 CORTEZ BLVD
SPRING HILL, FL 34613

FEI Number: 59-3384750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOUREIDEN, ANAS
901 BELVOIR WAY
SPRING HILL, FL 34609 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 PST
Name MOUREIDEN, ANAS
Address 901BELVOIR WAY
City-State-Zip: SPRING HILL FL 34609

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: ANAS MOUREIDEN

PHYSICIAN

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date