

**2015 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**

**MEDICAL DOCTOR**

**02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date