


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90388 019 ***150.00

DOCUMENT # P03000113609

1. Entity Name
 CHRISTOPHER T. SOPRENUK, M.D., P.A.



Principal Place of Business
 C/O WEBSTER, CHAIRES & PARTNERS, P.L.
 1936 LEE ROAD, SUITE 101
 WINTER PARK, FL 32789

Mailing Address
 C/O WEBSTER, CHAIRES & PARTNERS, P.L.
 1936 LEE ROAD, SUITE 101
 WINTER PARK, FL 32789



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 W&P SERVICES, INC.
 C/O WEBSTER, CHAIRES & PARTNERS, P.L.
 1936 LEE ROAD, SUITE 101
 WINTER PARK, FL 32789

4. FEI Number
 20-0302323

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOPRENUK, CHRISTOPHER T C/O 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Soprenuk 04/14/2004 (352) 728-1886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #