


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90007 044 ***150.00

DOCUMENT # P03000113609
 1. Entity Name
 CHRISTOPHER T. SOPRENUK, M.D., P.A.



Principal Place of Business
 450 N WYMORE RD.
 WINTER PARK, FL 32789

Mailing Address
 450 N WYMORE RD.
 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #
9846 US HIGHWAY 441

3. Mailing Address
9846 US HIGHWAY 441

Suite, Apt. #, etc.

City & State
LEESBURG, FL

City & State
LEESBURG, FL

Zip
34788

Country
USA

Zip
34788

Country
USA

60027001



02032007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-0302323

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
W&P SERVICES, INC.
450 N. WYMORE ROAD
WINTER PARK, FL 32789

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, 2007 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 D <input type="checkbox"/> Delete	SOPRENUK, CHRISTOPHER T 450 N WYMORE RD WINTER PARK, FL 32789	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	38400 TIMBERLANE DRIVE UMATILLA, FL 32784
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 DATE: 3/19/07 DAYTIME PHONE #: 352 728 1886