


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 594529</b> 1. Entity Name <b>CHRISTOPHER S. VIRTUE, M.D., P.A.</b>	
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Principal Place of Business <b>30 SE 6 STR BOCA RATON, FL 33432 US</b>	Mailing Address <b>30 SE 6 STR BOCA RATON, FL 33432 US</b>
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03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1878314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>VIRTUE, CHRISTOPHER S. MD. 30 SE 6 STR BOCA RATON, FL ABW, FL</b>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000093302 03/22/04-80012-014 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIRTUE, CHRISTOPHER S MD 30 SE 6 STR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIRTUE, INDIRA 30 SE 6 STR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIRTUE, TARITA 30 SE 6 STR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIRTUE, RON 30 SE 6 STR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u><i>C. Virtue</i></u> <u><i>V. Indira</i></u> <u><i>3/15/04</i></u> <u><i>561-395-6704</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>
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