2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 594529

Address:

City-St-Zip:

30 SE 6 STR

BOCA RATON, FL

Entity Name: CHRISTOPHER S. VIRTUE, M.D., P.A.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
30 SE 6 ST BOCA RAT	TR TON, FL 33432	2 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
30 SE 6 ST BOCA RAT	TR TON, FL 33432	2 US	672 NE 21 AVE DEERFIELD BEACH, FI	L 33441 US	
FEI Number:	59-1878314	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
VIRTUE, CHRISTOPHER S. MD.					
30 SE 6 STR BOCA RATON,FL ABW, FL US					
The above in the State	e of Florida.	ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
	Electroni	c Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () VIRTUE, CHRIST 30 SE 6 STR BOCA RATON, F		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	` '	Delete	*) Change () Addition	
Name: Address:	VIRTUE, INDIRA 30 SE 6 STR	·	Name: Address:		
City-St-Zip:	BOCA RATON, F	FL	City-St-Zip:		
Title: Name:	S () VIRTUE, TARITA	Delete	Title: (Name:) Change () Addition	
Address:	30 SE 6 STR	· ·	Address:		
City-St-Zip:	BOCA RATON, F	FL	City-St-Zip:		
Title: Name:	T () VIRTUE, RON	Delete	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: INDIRA VIRTUE V 04/30/2009