


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 645343</b>	
1. Entity Name <b>DR. JAMES A. CHRISTENSEN M.D., F.A.C.S., P.A.</b>	

Principal Place of Business <b>4600 N. HABANA, SUITE #21 TAMPA FL 33614</b>	Mailing Address <b>4600 N. HABANA, SUITE #21 TAMPA FL 33614</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number <b>59-1948900</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHRISTENSEN, JAMES A. 4600 N. HABANA SUITE #21 TAMPA FL 33614</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

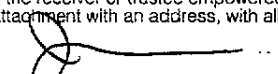
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTENSEN, JAMES A. 4600 N. HABANA TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000015242 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/28/04-80008-013 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTENSEN, MARILYN D. 4600 N. HABANA TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **JAMES A. CHRISTENSEN, M.D.** 1/22/04 (813) 877 8201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #