2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 06, 2011
Secretary of State

DOCUMENT# 645343

Entity Name: DR. JAMES A. CHRISTENSEN M.D., F.A.C.S., P.A.

Current Principal Place of Business:

4600 N. HABANA, SUITE #21
TAMPA, FL 33614

New Principal Place of Business:

4600 N. HABANA AVENUE
STE.#21
TAMPA, FL 33614 US

Current Mailing Address:

4600 N. HABANA, SUITE #21
TAMPA, FL 33614

New Mailing Address:

4600 N. HABANA AVENUE
STE #21
TAMPA, FL 33614 US

FEI Number: 59-1948900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTENSEN, JAMES A.
4600 N. HABANA
SUITE #21
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JAMES A. CHRISTENSEN, M.D.
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD
Name:	CHRISTENSEN, JAMES A.
Address:	4600 N. HABANA AVE. #21
City-St-Zip:	TAMPA, FL 33614 US

Title:	D
Name:	CHRISTENSEN, MARILYN D.
Address:	4600 N. HABANA AVE. #21
City-St-Zip:	TAMPA, FL 33614 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES A. CHRISTENSEN, M.D. PD 06/06/2011
Electronic Signature of Signing Officer or Director Date