

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06899

**FILED**  
**Jan 11, 2007**  
**Secretary of State**

**Entity Name:** CARL GITTENS, M.D., P.A.

**Current Principal Place of Business:**

309 E. OSCEOLA STREET  
204  
STUART, FL 34994

**New Principal Place of Business:**

6807 S. US HWY 1  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

309 E. OSCEOLA STREET  
204  
STUART, FL 34994

**New Mailing Address:**

6807 S. US HWY 1  
PORT ST. LUCIE, FL 34952

**FEI Number:** 65-0130013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GITTENS, CARL  
309 EAST OSCEOLA ST.  
SUITE 204  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

GITTENS, CARL  
6807 S. US HWY 1  
PORT ST. LUCIE, FL 34952 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/11/2007

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: GITTENS, CARL C.F.,  
Address: 309 E OSCEOLA ST  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: GITTENS, CARL C.F.,  
Address: 6807 S. US HWY 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CARL C. F. GITTENS, MD, PA

Electronic Signature of Signing Officer or Director

PRES

01/11/2007

Date