


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90021 024 \*\*\*150.00

**DOCUMENT # P01000000568**

1. Entity Name  
 CHRISTINE HAUGEN, M.D., P.A.



Principal Place of Business  
 6600 N ANDREWS AVE  
 STE 555  
 FORT LAUDERDALE FL 33309

Mailing Address  
 2400 DEL MAR PLACE  
 FT. LAUDERDALE FL 33301



2. Principal Place of Business - No P.O. Box  
*effective 3/07*  
 4800 N. Federal Highway  
 Suite, Apt. #, etc.  
 Suite C-101  
 City & State  
 Boca Raton, FL  
 Zip  
 33431  
 Country  
 USA

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent  
 HAUGEN, CHRISTINE  
 2400 DEL MAR PLACE  
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when registering. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
P/S	HAUGEN, CHRISTINE	2400 DEL MAR PLACE	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_ *2/20/07 (305) 984-6240*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #