2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# P01000039084

Entity Name: PETER C. JANSEN M.D. P.A.

Current Principal Place of Business:

159 NORTH 3RD STREET
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8879
FLEMING ISLAND, FL 32006

New Mailing Address:

FEI Number: 59-3712704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, TODD
7785 BAYMEADOWS WAY
SUITE 107
JACKSONVILLE, FL 32256 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: ______________________________

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: JANSEN, PETER M.D.
Address: 2222 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PETER C JANSEN MD PRES 01/31/2009

Electronic Signature of Signing Officer or Director Date