

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 031 ***150.00

DOCUMENT # P03000033559

1. Entity Name

CAROL CHRISTINAT, P.A.



Principal Place of Business

1801 UNIVERSITY DR., #208
CORAL SPRINGS FL 33071

Mailing Address

1801 UNIVERSITY DR., #208
CORAL SPRINGS FL 33071

34014420

2. Principal Place of Business

11940 GLENMORE DR
Suite, Apt. #, etc.

3. Mailing Address

11940 GLENMORE DR
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

CORAL SPRINGS FL

Zip
33071

Country
USA

City & State

CORAL SPRINGS, FL

Zip
33071

Country
USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAGLE, PETER B
6701 SUNSET DR., SUITE 112
MIAMI FL 33143

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CHRISTINAT, CAROL
STREET ADDRESS 11940 GLENMORE DR.
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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: *Dr. Carol J. Christinat* Carol J. CHRISTINAT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 (954) 757-0950
2/28/04 C (954) 629-4980