2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State
02-05-2008 90007 019 ***150.00

DOCUMENT # P03000033559

1. Entity Name
CAROL CHRISTINAT, P.A.

66002860

Principal Place of Business	Mailing Address
11990 GLENMORE DR CORAL SPRINGS FL 33071	11990 GLENMORE DR CORAL SPRINGS FL 33071

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
11940 Glenmore Dr		SAME.	
Suite, Apt. #, etc. n/a		Suite, Apt. #, etc. n/a	
City & State Coral Springs Fl		City & State Same	
Zip 33071	Country Broward	Zip 33071	Country USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: n/a
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] DATE 1.14 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHRISTINAT, CAROL		NAME		
STREET ADDRESS	11940 GLENMORE DR.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] / Carol Christinat, PsyD 1 March, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #