

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057291

FILED
Feb 21, 2005
Secretary of State

Entity Name: CHRISTOPHER GUERIN MD PA

Current Principal Place of Business:

530 NOKOMIS AVE SOUTH
SUITE 11
VENICE, FL 34285

New Principal Place of Business:

842 SUNSET LAKE BLVD.
SUITE 302
VENICE, FL 34292 US

Current Mailing Address:

530 NOKOMIS AVE SOUTH
SUITE 11
VENICE, FL 34285

New Mailing Address:

842 SUNSET LAKE BLVD.
SUITE 302
VENICE, FL 34285 US

FEI Number: 83-0359412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERIN, CHRISTOPHER
530 NOKOMIS AVE SOUTH
SUITE 11
VENICE, FL 34285 US

Name and Address of New Registered Agent:

GUERIN, CHRISTOPHER M.D.
842 SUNSET LAKE BLVD.
SUITE 302
VENICE, FL 34292 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: CHRISTOPHER GUERIN, M.D.

02/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUERIN, CHRISTOPHER
Address: 530 NOKOMIS AVE SOUTH STE 11
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GUERIN, CHRISTOPHER M.D.
Address: 842 SUNSET LAKE BLVD.
City-St-Zip: VENICE, FL 34292 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER GUERIN, M.D.

PRES

02/21/2005

Electronic Signature of Signing Officer or Director

Date