


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2007 08:00 AM
Secretary of State**

| | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000057291 1. Entity Name CHRISTOPHER GUERIN MD PA |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Principal Place of Business
842 SUNSET LAKE BLVD.
SUITE 302
VENICE, FL 34292 US

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



03242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 83-0359412 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 | PRES GUERIN, CHRISTOPHER M.D. 842 SUNSET LAKE BLVD. VENICE, FL 34292 |
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05/01/07-80030-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Christopher Guerin **CHRISTOPHER GUERIN, 4/16/7** **941-484-3404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #