

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090950

**FILED**  
**Feb 05, 2007**  
**Secretary of State**

**Entity Name:** FAMILY MEDICINE OF WINTER PARK, P.A.

**Current Principal Place of Business:**

1925 MIZELL AVE.  
SUITE 205  
WINTER PARK, FL 32792

**New Principal Place of Business:**

1120 STATE ROAD 436  
SUITE 1600  
CASSELBERRY, FL 32707

**Current Mailing Address:**

1925 MIZELL AVE.  
SUITE 205  
WINTER PARK, FL 32792

**New Mailing Address:**

1120 STATE ROAD 436  
SUITE 1600  
CASSELBERRY, FL 32707

**FEI Number:** 32-0088210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRISTENSEN, MARIE L MD  
1176 VALLEY CREEK RUN  
WINTER PARK, FL 32792 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: P ( ) Delete  
Name: CHRISTENSEN, MARIE L MD  
Address: 1176 VALLEY CREEK RUN  
City-St-Zip: WINTER PARK, FL 32792 US

**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 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:** MARIE L. CHRISTENSEN MD

P

02/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date