


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90234 015 \*\*\*150.00

<b>DOCUMENT # P03000138455</b>																																																																																																																																			
1. Entity Name <b>KRESTANA HART ARNP P.A.</b>																																																																																																																																			
Principal Place of Business <b>5511 NW 50 WAY COCONUT CREEK FL 33073</b>			Mailing Address <b>5511 NW 50 WAY COCONUT CREEK FL 33073</b>																																																																																																																																
2. Principal Place of Business <b>5841 EAGLE CAY CIRCLE</b>		3. Mailing Address <b>5841 EAGLE CAY CIRCLE</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State <b>COCONUT CREEK, FL</b>		City & State <b>COCONUT CREEK FLORIDA</b>		4. FEI Number <b>20-0415369</b>																																																																																																																															
Zip <b>33073</b>	Country <b>U.S.A.</b>	Zip <b>33073</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent <b>HART, KRESTANA K 5511-NW 50 WAY COCONUT CREEK FL 33073</b>				7. Name and Address of New Registered Agent																																																																																																																															
				Name																																																																																																																															
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																															
				City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td><b>P</b></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><b>ADDRESS CHANGE</b></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>HART, KRESTANA K</b></td> <td></td> <td>NAME</td> <td><b>5841 EAGLE CAY CIRCLE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5511 NW 50 WAY</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>COCONUT CREEK FL 33073</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>COCONUT CREEK FL 33073</b></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>ADDRESS CHANGE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>HART, KRESTANA K</b>		NAME	<b>5841 EAGLE CAY CIRCLE</b>		STREET ADDRESS	<b>5511 NW 50 WAY</b>		STREET ADDRESS	<b>COCONUT CREEK FL 33073</b>		CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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.																																																																																																																																			
<b>SIGNATURE:</b> <u>Krestana Hart</u> <b>KRESTANA HART</b> <u>4/29/04</u> <u>954 803-1175</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																																																																																																																																			