

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000144307

1. Entity Name
I.J. CHRISTEN & I.R. PRIMARY CARE ASSOCIATES, INC.



Principal Place of Business
3107 W HALLANDALE #106
HALLANDALE BEACH, FL 33009

Mailing Address
3107 W HALLANDALE #106
HALLANDALE BEACH, FL 33009

2. Principal Place of Business
102 NE 2nd Ave
Suite, Apt. #, etc.

3. Mailing Address
102 NE 2nd Ave
Suite, Apt. #, etc.

City & State
Hallandale Beach
Zip 33009 Country Broward

City & State
Hallandale Beach
Zip 33009 Country Broward

11022004 REIN-P CR2E098 (6/04)

4. FEI Number
650761988

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAIMONT, RENE
1201 RIVIERA DRIVE
PALM BAY, FL 32905

7. Name and Address of New Registered Agent

Name Bruce J Ladd
Street Address (P.O. Box Number is Not Acceptable)
785 Bacom Point Rd
City Pahokee FL Zip Code 33476

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHRISTEN, IVORY JOE
STREET ADDRESS 10641 SW 7TH PLACE
CITY-ST-ZIP DAVIE, FL 33328 ☐ Delete

TITLE V
NAME ROLDAN-CHRISTEN, IGDALIS
STREET ADDRESS 10641 SW 7TH PLACE
CITY-ST-ZIP DAVIE, FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 NOV 16 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000042796590
11/16/04--01071--005 ***150.00