

paid check # 1091
mailed 5-1-09


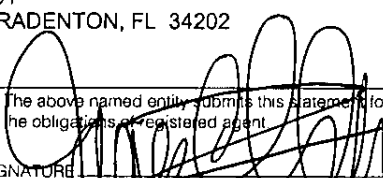

FILED 1050.00

09 JUN 10 AM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282000 IN PA 0428098 (1/07) **REINSTATEMENT** 08-09

DOCUMENT # P04000072873				FILED 1050.00 09 JUN 10 AM 4:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CHRISTENSEN FAMILY CARE, INC.		Principal Place of Business 8374 MARKET STREET #191 BRADENTON, FL 34202		Mailing Address 8374 MARKET STREET #191 BRADENTON, FL 36420-2	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-1084151	
5. Certificate of Status Desired		<input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHRISTENSEN, JAMES C 8374 MARKET STREET 191 BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE: 5-30-09					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHRISTENSEN, JEANETTE K 8374 MARKET STREET #191 BRADENTON, FL 34202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHRISTENSEN, JAMES C 8374 MARKET STREET #191 BRADENTON, FL 34202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200155555252 05/06/09--01039--021 **1050.00	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  5-1-09 941-321-3530 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					