2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 20, 2008 08:00 A **DOCUMENT # P05000087268** Secretary of State 1. Entity Name CHRISTIAN J. LARSEN, D.O., P.A. Principal Place of Business Mailing Address 6978 SE 12TH CIR 6978 SE 12TH CIR OCALA, FL 34480 OCALA, FL 34480 03182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3012411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARSEN, CHRISTIAN J DO NOT WRITE 6978 SE 12TH CIR OCALA, FL 34480 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LARSEN, CHRISTIAN J STREET ADDRESS 6978 SE 12TH CIRCLE CITY-ST-ZIP OCALA, FL 34480 U00000864585 04/04/08-80020-022 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE FITTE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP NAME

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.

SIGNATURÉ:

STREET ADDRESS CITY-ST-ZIP

> CHRISTIAN J. LARSEN BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR