

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026431

FILED  
Mar 01, 2008  
Secretary of State

Entity Name: CHRISTA GURKA, MSPT, P.A.

## Current Principal Place of Business:

3040 ORANGE STREET  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

3039 ORANGE STREET  
COCONUT GROVE, FL 33133

## Current Mailing Address:

3040 ORANGE STREET  
COCONUT GROVE, FL 33133

## New Mailing Address:

3039 ORANGE STREET  
COCONUT GROVE, FL 33133

FEI Number: 42-1724487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GURKA, SCOTT J  
2101 CORPORATE BLVD NW  
SUITE 317  
BOCA RATON, FL 33431 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: GURKA, CHRISTA A  
Address: 3040 ORANGE STREET  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GURKA, CHRISTA A  
Address: 3039 ORANGE STREET  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTA GURKA

PRES

03/01/2008

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

\_\_\_\_\_  
Date