2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P08000045355

Entity Name: CHRISTENSEN MATERNAL & FETAL MEDICINE, P.A.

Current Principal Place of Business:

2024 AVENEL STREET
ORLANDO, FL 32828

New Principal Place of Business:

672 N SEMORAN BLVD.
SUITE 302
ORLANDO, FL 32807

Current Mailing Address:

2024 AVENEL STREET
ORLANDO, FL 32828

New Mailing Address:

672 N SEMORAN BLVD.
SUITE 302
ORLANDO, FL 32807

FEI Number: 26-2553292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARCHENA, MARCOS R
MARCHENA AND GRAHAM, P.A.
976 LAKE BALDWIN LANE, SUITE 101
ORLANDO, FL 32814 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: D ( ) Delete
Name: CHRISTENSEN, FRANKLYN C
Address: 2024 AVENEL STREET
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete
Name: CHRISTENSEN, MARICARMEN
Address: 2024 AVENEL STREET
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHRISTENSEN, FRANKLYN C
Address: 2024 AVENEL STREET
City-St-Zip: ORLANDO, FL 32828

Title: S (X) Change ( ) Addition
Name: CHRISTENSEN, MARICARMEN
Address: 2024 AVENEL STREET
City-St-Zip: ORLANDO, FL 32828

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: MARICARMEN CHRISTENSEN S 04/13/2009

Electronic Signature of Signing Officer or Director — Date