# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 27, 2011**
**Secretary of State**

DOCUMENT# P08000045355

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

**Current Principal Place of Business:**

672 N SEMORAN BLVD.
SUITE 302
ORLANDO, FL 32807

**New Principal Place of Business:**

2100 ALOMA AVE
SUITE100
WINTER PARK, FL 32792

**Current Mailing Address:**

672 N SEMORAN BLVD.
SUITE 302
ORLANDO, FL 32807

**New Mailing Address:**

2100 ALOMA AVE
SUITE100
WINTER PARK, FL 32792

**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

**OFFICERS AND DIRECTORS:**

Title: P
Name: CHRISTENSEN, FRANKLYN C
Address: 2024 AVENEL STREET
City-St-Zip: ORLANDO, FL 32828

Title: S
Name: CHRISTENSEN, MARICARMEN
Address: 2027 METTING PLACE
City-St-Zip: ORLANDO, FL 32814

I hereby 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 all other like empowered.

SIGNATURE: FRANKLYN C CHRISTENSEN P 06/27/2011

Electronic Signature of Signing Officer or Director — Date