


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000073165 1. Entity Name OIVIND E. JENSEN, P.A.	
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Principal Place of Business OAK TREE MEDICAL CTR STE 20 NAPLES, FL 34110 US	Mailing Address 90 CYPRESS WAY EAST NAPLES, FL 34110 US
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0443586	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JENSEN, OIVIND E OAK TREE MEDICAL CTR 90 CYPRESS WAY EAST #20 NAPLES, FL 34110
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, OIVIND E 90 CYPRESS WAY E #20 OAKTREE MEDICAL CTR NAPLES, FL
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04/13/05-80058-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Oivind E. Jensen OIVIND E. JENSEN 4/9/05 (239) 597-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #