


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000073165


1. Entity Name
 OIVIND E. JENSEN, P.A.



Principal Place of Business Mailing Address

OAK TREE MEDICAL CTR 90 CYPRESS WAY EAST
 STE 20 NAPLES, FL 34110 US
 NAPLES, FL 34110 US

DO NOT WRITE IN THIS SPACE



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0443586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000880267
 04/15/08-80054-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENSEN, OIVIND E
STREET ADDRESS	90 CYPRESS WAY E #20 OAKTREE MEDICAL CTR
CITY-ST-ZIP	NAPLES, FL
TITLE - NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE - NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *Oivind Jensen* 4/2/08 239-597-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #