

# 2001 UNIFORM BUSINESS REPORT (UBR)

0069334 AV

DOCUMENT # **P97000056266**

1. Entity Name  
**I.J. CHRISTEN & I.R. PRIMARY CARE ASSOCIATES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 PM 5:46

Principal Place of Business  
**10641 SW 37TH PLACE  
DAVIE FL 33328**

Mailing Address  
**10641 SW 37TH PLACE  
DAVIE FL 33328**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0761988**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTEN, IVORY JOE  
10641 SW 37TH PLACE  
DAVIE FL 33328**

Name **CLIFFORD SMITH**  
Street Address (P.O. Box Number is Not Acceptable)  
**16102 NW 22ND ST  
Pembroke Pines FL 33028**

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **10/10/01**

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CCB** ☐ Delete  
NAME **CHRISTEN, IVORY JOE**  
STREET ADDRESS **10641 S.W. 37 PLACE**  
CITY-ST-ZIP **DAVIE FL 33328**

☐ Change ☐ Addition  
**400004655294--5  
-10/26/01--01067--014  
\*\*\*\*550.00 \*\*\*\*550.00**

TITLE **EVPD** ☐ Delete  
NAME **CHRISTEN, I.R.**  
STREET ADDRESS **10641 S.W. 37 PL**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/12/01**

Daytime Phone # **461-4391**

CR2E034 (5/01)