

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED


Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90024 025 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |   |   |
|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P97000079492

1. Corporation Name  
CHRISTENSEN MEDICAL, INC.

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|--|--|
| Principal Place of Business<br>3303 GRAFTON ST.<br>SARASOTA FL 34238 | Mailing Address<br>3303 GRAFTON ST.<br>SARASOTA FL 34238 |
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|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br>09/11/1997   | 4. FEI Number<br>65-0790095    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required |                               |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be Added to Fees    |                               |
| 8. This corporation owes the current year Intangible<br>Personal Property Tax.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |                               |

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| 9. Name and Address of Current Registered Agent<br>WITTMER, STEVEN T<br>2014 FOURTH ST.<br>SARASOTA FL 34237 |
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| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|  |  |
|--|--|
| 12. OFFICERS AND DIRECTORS                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>CHRISTENSEN, STUART C<br>3303 GRAFTON ST.<br>SARASOTA FL 34238 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

|  |   |
|--|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>7568 Alister Mackenzie Dr<br>Sarasota, FL 34240 |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ 1/29/99 941 342 8477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

CR2E034 (11/98)