

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90042 015 \*\*\*150.00

**DOCUMENT # P98000088979**

1. Entity Name

DR. JOHN P. CHRISTENSEN, P.A.



Principal Place of Business

3001 BROADWAY  
WEST PALM BEACH FL 33407

Mailing Address

3001 BROADWAY  
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

3001 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
WEST PALM BEACH, FL

Zip

Country

Zip

33407

Country

PAIM BCH

4. FEI Number

65-0869585

Applied For

Not Applicable

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

WEST, SUZANNE  
2001 PALM BEACH LAKES BLVD  
#502  
WEST PALM BEACH FL 33407

Name

WEST, SUZANNE (-No A)

Street Address (P.O. Box Number is Not Acceptable)

4641 HOLLY LAKE DRIVE

City

LAKE WORTH

FL

Zip Code

33463

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CHRISTENSEN, JOHN P  
STREET ADDRESS 3001 BROADWAY  
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John P. Christensen JOHN P. CHRISTENSEN

Date

Daytime Phone #

1/29/05 561-655-2225