

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90005 011 \*\*\*150.00

DOCUMENT # P99000041520

1. Entity Name  
CRISTINA M. BABIAK, M.D., P.A.



Principal Place of Business  
1872 SOUTH TAMiami TRAIL STE. B  
VENICE, FL 34293

Mailing Address  
1872 SOUTH TAMiami TRAIL STE. B  
VENICE, FL 34293

40104390



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0921413

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

*new place of business and  
ma*  
**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

REEGLER, SARI L  
1521 S. TAMiami TRAIL STE. 304  
VENICE, FL 34292

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME BABIAK, CRISTINA M *new*  
STREET ADDRESS 1872 SOUTH TAMiami TRAIL STE. B *address*  
CITY-ST-ZIP VENICE, FL 34293 *10/07*

TITLE D  
NAME *Babiak, CRISTINA M.D., P.A.*  
STREET ADDRESS *1790 7th ST*  
CITY-ST-ZIP *Englewood, FL 34223*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *phone 941 4746593*

TITLE  
NAME Ms Christina Babiak MD PA  
STREET ADDRESS 1790 7th St  
CITY-ST-ZIP Englewood, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Christina Babiak MD PA 3/6/08 941 4746593*