


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90418 029 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # P99000058661 1. Entity Name LARS P. JENSEN, M.D., P.A. | | | |  | |
| Principal Place of Business 7300 SW 62ND PLACE, SUITE 201 MIAMI, FL 33143 | | | Mailing Address 7300 SW 62ND PLACE, SUITE 201 MIAMI, FL 33143 | | |
| 2. Principal Place of Business 6200 SUNSET DRIVE | | 3. Mailing Address 6200 SUNSET DRIVE | | | |
| Suite, Apt. #, etc. SUITE 301 | | Suite, Apt. #, etc. SUITE 301 | | | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | | | |
| Zip 33143 | | Country USA | | Zip 33143 | |
| Country USA | | 4. FEI Number 65-0934275 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JENSEN, LARS P MD 7300 SW 62ND PLACE, SUITE 201 MIAMI, FL 33143 | | | 7. Name and Address of New Registered Agent Name JENSEN, LARS P MD Street Address (P.O. Box Number is Not Acceptable) 6200 SUNSET DRIVE SUITE 301 City MIAMI FL Zip Code 33143 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete JENSEN, LARS P MD 7300 SW 62ND PLACE, SUITE 201 MIAMI, FL 33143 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JENSEN, LARS P MD 6200 SUNSET DRIVE, SUITE 301 MIAMI, FL. 33143 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ LARS P. JENSEN 4-24-06 305-669-9521 | | | | | |