

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000132099

**Entity Name:** PATRICIA M. CHRISTIANSEN, P.A.

**Current Principal Place of Business:**

515 N FLAGLER DR STE 2000  
W PALM BCH, FL 33401

**Current Mailing Address:**

515 N FLAGLER DR STE 2000  
W PALM BCH, FL 33401

**FEI Number: 11-3668216**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORALES CHRISTIANSEN, A. PATRICIA  
515 N FLAGLER DR STE 2000  
W PALM BCH, FL 33401 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name MORALES CHRISTIANSEN, A.  
PATRICIA  
Address 515 N FLAGLER DR STE 2000  
City-State-Zip: W PALM BCH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: A. PATRICIA MORALES CHRISTIANSEN**

**PRES**

**02/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date