

04/30/2007 15:02 IFAX 7301@farr.com
 04/30/2007 15:00 2393682741

04/27/07 FRI 16:19 FAX 19418390028

FARR LAW FIRM

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

FILED

07 JUN 26 AM 7:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

500103220925
 05/24/07--01033--011 **3822.50



DOCUMENT # P03000156071			
1. Entity Name BERND RAPHAEL, M.D., P.A.			
Principal Place of Business 470 LEE BLVD LEHIGH ACRES, FL 33936		Mailing Address 470 LEE BLVD LEHIGH ACRES, FL 33936	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o DAVID A. HOLMES 99 NESBIT ST Punta Gorda FL 33950	
State, Apt. #, etc.		City & State Punta Gorda FL	
City & State		4. FEI Number 20-0832483	
Zip 33950		Country	
5. Certificate of Status Desired		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERND, RAPHAEL 470 LEE BLVD LEHIGH ACRES, FL 33936		7. Name and Address of New Registered Agent FARR LAW FIRM c/o David Holmes Street Address (P.O. Box Number's Not Acceptable) 99 NESBIT Street City Punta Gorda FL Zip Code 33950	
8. The above person/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 <i>Raphael Bernd</i>		DATE 4/30/07	
SIGNATURE <i>David A. Holmes</i>		DATE 4/30/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PVST RAPHAEL, BERND 470 LEE BLVD. LEHIGH ACRES, FL 33936	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPHAEL, BERND 470 LEE BLVD. LEHIGH ACRES, FL 33936	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
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
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 110, 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 proprietor 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 in an agreement with an address, with all other like empowered.			
SIGNATURE <i>Raphael Bernd</i>		SIGNATURE <i>David A. Holmes</i>	
SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR	

file/27

4/25/07 239-694-1344
 06/18/07 239-694-7690 home
 239-565-9562 cell
 239-368-7270 work