


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan. 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 540910 1. Entity Name JAMES L. BIERFELD, M.D., P.A.	
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Principal Place of Business 6700 SW 144 ST MIAMI, FL 33158	Mailing Address 6700 SW 144 ST MIAMI, FL 33158
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01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1746252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIERFELD, JAMES L 6700 SW 144 ST. MIAMI, FL 33158

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BIERFELD, JAMES L. 6700 SW 144TH STREET MIAMI, FL 33158
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IN THIS SPACE**

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01/25/05-80035-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James L. Bierfeld, MD James L. Bierfeld, MD (1-20-05) 305-255-3853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Office Date Daytime Phone #