


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90259 026 \*\*\*150.00

<b>DOCUMENT # P04000029964</b> 1. Entity Name <b>SARA J. BERNSTEIN, M.D., P.A.</b>																													
Principal Place of Business <b>11924 FOREST HILL BOULEVARD SUITE 22, NUMBER 313 WELLINGTON, FL 33414 US</b>			Mailing Address <b>11924 FOREST HILL BOULEVARD SUITE 22, NUMBER 313 WELLINGTON, FL 33414 US</b>																										
2. Principal Place of Business <b>10111 Forest Hill Blvd</b> Suite, Apt. #, etc. <b>Suite 261</b> City & State <b>Wellington, FL</b> Zip <b>33414</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-1124411</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent <b>BERNSTEIN, SARA J 11924 FOREST HILL BOULEVARD SUITE 22, NUMBER 313 WELLINGTON, FL 33414</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																										
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 _____																													
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**50042021**



03182005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1124411** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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, 2005 Fee will be \$550.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/14/05

Date

561-784-1933

Daytime Phone #