

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-09-2006 90003 028 ***150.00

DOCUMENT # P05000010499

1. Entity Name
FERNANDO STERN MD PA



Principal Place of Business
**4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021**

Mailing Address
**4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021**

66020489



2. Principal Place of Business

**3700 WASHINGTON STREET
SUITE 304**

3. Mailing Address

**3700 WASHINGTON STREET
SUITE 304**

05312008 Chg-P CR2E034 (11/05)

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

20-2189374

Applied For

Not Applicable

Zip

33021

Country

Broward

Zip

33021

Country

Broward

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STERN, FERNANDO DR.
4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name
STERN, FERNANDO DR.
Street Address (P.O. Box Number is Not Acceptable)
**3700 WASHINGTON STREET
SUITE 304
City Hollywood FL Zip Code 33021**

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

Signature, typed or printed name of registered agent and title if applicable.

FERNANDO STERN MD

6/1/06

(NOTE: Registered Agent signature required when renewing.)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STERN, FERNANDO DR.**
STREET ADDRESS **4700 SHERIDAN STREET SUITE G**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **SECT** ☐ Delete
NAME **STERN, FERNANDO DR.**
STREET ADDRESS **4700 SHERIDAN STREET SUITE G**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **STERN, FERNANDO DR.**
STREET ADDRESS **3700 WASHINGTON STREET SUITE 304**
CITY-ST-ZIP **Hollywood FL 33021**

TITLE **S** ☒ Change ☐ Addition
NAME **STERN, FERNANDO DR.**
STREET ADDRESS **3700 WASHINGTON STREET SUITE 304**
CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO STERN MD

6/1/06

954 961-1500

Date

Daytime Phone