

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020219

FILED  
May 01, 2007  
Secretary of State

Entity Name: SARI NEWMAN BERNSTEIN, PH.D. P.A.

## Current Principal Place of Business:

1965 SPOONBILL STREET  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

6817 SOUTHPOINT PARKWAY  
SUITE 501  
JACKSONVILLE, FL 32216

## Current Mailing Address:

1965 SPOONBILL STREET  
JACKSONVILLE, FL 32224

## New Mailing Address:

6817 SOUTHPOINT PARKWAY  
SUITE 501  
JACKSONVILLE, FL 32216

FEI Number: 02-0553643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNSTEIN, SARI N  
1965 SPOONBILL STREET  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

BERNSTEIN, SARI N  
6817 SOUTHPOINT PARKWAY  
SUITE 501  
JACKSONVILLE, FL 32216 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: S. NEWMAN BERNSTEIN, PH.D.

05/01/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: BERNSTEIN, SARI N  
Address: 1965 SPOONBILL STREET  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: BERNSTEIN, SARI N  
Address: 6817 SOUTHPOINT PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SARI NEWMAN BERNSTEIN, PH.D.

DR.

05/01/2007

Electronic Signature of Signing Officer or Director

Date