

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000020219

**Entity Name:** SARI NEWMAN BERNSTEIN, PHD. P.A.

**Current Principal Place of Business:**

4110 SOUTHPOINT BLVD  
SUITE 238  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4110 SOUTHPOINT BLVD  
SUITE 238  
JACKSONVILLE, FL 32216 US

**FEI Number:** 02-0553643

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BERNSTEIN, SARI N  
4110 SOUTHPOINT BLVD  
SUITE 238  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name BERNSTEIN, SARI N  
Address 4110 SOUTHPOINT BLVD  
#238  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby 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 all other like empowered.*

**SIGNATURE:** SARI NEWMAN BERNSTEIN PHD

**OWNER**

**03/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date