## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

<del>Bernard</del>

## Apr 02, 2005 08:00 AM Secretary of State **DOCUMENT # 602173** 1. Entity Name BERNARD M. HOCHBERG, M.D., P.A. Mailing Address Principal Place of Business 4612 N HABANA AVE 4612 N HABANA AVE #201 #201 TAMPA, FL 33614 TAMPA, FL 33614 03252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1296385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOCHBERG, BERNARD M DO NOT WRITE 4612 N HABANA #201 IN THIS SPACE TAMPA, FL 33614 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE 1/00000285129 HOCHBERG, BERNARD NAME 04/02/05-80033-004 150.00 STREET ADDRESS 4612 N HABANA CITY-ST-ZIP TAMPA, FL 33614 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacingent with an address, with all other like appowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Hochber

FILED