


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 602173

1. Entity Name
 BERNARD M. HOCHBERG, M.D., P.A.



| | |
|---|---|
| Principal Place of Business 4612 N HABANA AVE #201 TAMPA, FL 33614 | Mailing Address 4612 N HABANA AVE #201 TAMPA, FL 33614 |
|---|---|



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1296385 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HOCHBERG, BERNARD M
 4612 N HABANA
 #201
 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

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 restating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HOCHBERG, BERNARD 4612 N HABANA TAMPA, FL 33614 |
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 04/02/05-80033-004 150.00

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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)(f), 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: Bernard M. Hochberg **3/30/05** ⁽⁸¹³⁾ **877-7434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Bernard M. Hochberg, M.D.** Date Daytime Phone #