

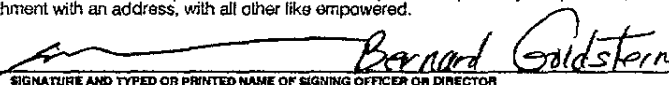


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 12, 2004 08:00 AM**

**Secretary of State**

<b>DOCUMENT # 602496</b>		
1. Entity Name <b>DR. BERNARD GOLDSTEIN, P.A.</b>		
Principal Place of Business <b>13615 BRUCE B DOWNS BLVD #112 TAMPA, FL 33613 US</b>		Mailing Address <b>13615 BRUCE B DOWNS BLVD #112 TAMPA, FL 33613 US</b>
		
03092004 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>59-1305394</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>GOLDSTEIN, BERNARD 13615 BRUCE B DOWNS BLVD #112 TAMPA, FL 33613</b>		
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 reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		000000086221 03/12/04-80015-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GOLDSTEIN, BERNARD 13615 BRUCE B. DOWNS BLVD., #112 TAMPA, FL	
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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)(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 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:  <b>Bernard Goldstein</b> 3/10/04 813-872-3338 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		