




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 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>	
			
		04122005    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 Additional Fee Required</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	PTD	0000000313841 04/18/05-80141-010 150.00	
NAME	GOLDSTEIN, BERNARD		
STREET ADDRESS	13615 BRUCE B. DOWNS BLVD., #112		
CITY-ST-ZIP	TAMPA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b>  <b>BERNARD Goldstein</b>		Date <b>4-12-05</b>	Daytime Phone <b>813-972-3338</b>