## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 602496** 



FILED Mar 22, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

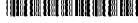
13615 BRUCE B DOWNS BLVD

13615 BRUCE B DOWNS BLVD #112

#112 TAMPA, FL 33613 US

DR. BERNARD GOLDSTEIN, P.A.

TAMPA, FL 33613 US



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02062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1305394

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, BERNARD 13615 BRUCE B DOWNS BLVD #112 TAMPA, FL 33613

## DO NOT WRITE IN THIS SPACE

			1		
	named entity submits this statement for the plants of registered agent.	ourposé of changing its register	ed office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and eccept
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registers	d Agent signatur	s faquirad when reinstaling)	U00000 <b>47</b> 5.147
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	04/05/06-30047-016 158.75
10.	OFFICERS AND DIRE	CTORS	ī		
Title Name Sireet address City-Si-Zip	PTD GOLDSTEIN, BERNARD 13815 BRUCE B. DOWNS BLVD., #1 TAMPA, FL	12			
title NAMC Street address City-St-Zip					
TITLE NAME STREET ADDRESS				50	NOT WOITE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Rolida 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 cath, 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 attachment with an address, with all other like empowered.

SIGNATURE: \_

CITY-ST-ZIP BSSE

NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ₹