2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 602496

1. Entity Name

DR. BERNARD GOLDSTEIN, P.A.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

13615 BRUCE B DOWNS BLVD

#112

TAMPA, FL 33613 US

Mailing Address

13615 BRUCE B DOWNS BLVD

#112

TAMPA, FL 33613 US



DO	NOT	WRITE	IN	THIS	SPACE
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03022007 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

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) DATE										
одилини, урос о ринцоние о недовное аделя вистите в аррисация. — (поте. падзаное лувия аделее мявителявалиду — — — — — — — — — — — — — — — — — — —										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS								
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDSTEIN, BERNARD 13615 BRUCE B. DOWNS BLVD., #11 TAMPA, FL	2		•	HOOOOOOO					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000726465 05/04/07-80008-020 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE							
TITLE NAME STREET ADDRESS										

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTE

OFFICER ON DIRECTOR

× 4/8/07

K 8/3 972-333