

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90007 038 ***550.00

DOCUMENT # 638249

1. Entity Name

BERNARD D. STEIN M.D., P.A.

Principal Place of Business

Mailing Address

508 S HABANA, S115

508 S HABANA, S115

P.O. BOX 18904

P.O. BOX 18904

TAMPA FL 33679-33609

TAMPA FL 33679

2. Principal Place of Business

3. Mailing Address

508 SOUTH HABANA

P.O. BOX 18904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 115

City & State

City & State

TAMPA, FLORIDA

TAMPA, FLORIDA

Zip

Country

Zip

Country

33609

HILLSBOROUGH

33679

HILLSBOROUGH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, BERNARD D
 508 S HABANA AVE
 S115
 TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW !! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME STEIN, BERNARD D.
 STREET ADDRESS 508 S HABANA, S115
 CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard D. Stein BERNARD D STEIN, M.D. 5/31/01 (813) 877-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/22/2007

CR2E034 (10/00)