


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 638249**

1. Entity Name  
**BERNARD D. STEIN M.D., P.A.**



Principal Place of Business      Mailing Address

**508 SOUTH HABANA  
 SUITE 160  
 TAMPA, FL 33609**

**P.O. BOX 18904  
 TAMPA, FL 33679**

**DO NOT WRITE IN THIS SPACE**



05102004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-1951122**

Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEIN, BERNARD D  
 508 S HABANA AVE  
 S160  
 TAMPA, FL 33609**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, BERNARD D. 508 S HABANA S160 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000161279  
 05/24/04-80002-002 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bernard D. Stein M.D.      5/17/04      (813) 877-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #