2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 638249

Entity Name: BERNARD D. STEIN M.D., P.A.

FILED Jun 26, 2007 Secretary of State

Littly Nai	HE. DERNAR	D.D. STEIN W.D., F.A.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
508 SOUTI SUITE 160 TAMPA, FL						
Current Mailing Address:			New Mailing Address:			
P.O. BOX [*] TAMPA, FL						
FEI Number:	59-1951122	FEI Number Applied For()	FEI Number Not Appl	icable () Ce	rtificate of Status Desired()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New	Registered Agent:	
), ROBERT E GNOLIA AVE., L 33606 US					
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered office	or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () STEIN, BERNA 508 S HABANA TAMPA, FL	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	PD (X) Cha STEIN, BERNARD D 508 S HABANA S16 TAMPA, FL 33609		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Cha KNIGHT, RICHARD 508 S. HABANA S16 TAMPA, FL 33609	inge (X) Addition	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Cha HEYCK, THOMAS 508 S. HABANA S16 TAMPA, FL 33609	inge (X) Addition	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D () Cha CARDOSO, TED 508 S. HABANA S16 TAMPA, FL 33609	inge (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD D. STEIN D 06/26/2007