

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 638249

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

508 SOUTH HABANA
SUITE 160
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18904
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-1951122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 S. MAGNOLIA AVE., SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEIN, BERNARD D
Address: 508 S HABANA S160
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: KNIGHT, RICHARD
Address: 508 S. HABANA S160
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: HEYCK, THOMAS
Address: 508 S. HABANA S160
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: CARDOSO, TED
Address: 508 S. HABANA S160
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: EPSTEIN, DAVID
Address: 508 S HABANA S160
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: READDY, CHARLES
Address: 508 S HABANA S160
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SULZER, JANA
Address: 508 S HABANA S160
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD KNIGHT

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date