

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 694241 1. Entity Name DON H. BERCUSON, M.D., P.A.	
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Principal Place of Business 1121 OVERCASH DR DUNEDIN FL 34698 US	Mailing Address 9130 S DADELAND BLVD SUITE 1800 MIAMI FL 33156 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc City & State Zip	3. Mailing Address Suite, Apt #, etc City & State Zip	Country
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1st MOORE CR2E034 (10/07)

4. FEI Number 59-2104637	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERCUSON, DAVID P.A. 9130 S DADELAND BLVD SUITE 1800 MIAMI FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent's signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERCUSON, DON H 2909 LANDMARK WAY PALM HARBOR FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000825829 02/21/08-80023-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Don H. Bercuson, MD 2/15/08 727-448-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone