2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K55342

1. Entity Name
P. BERMAN R.N., M.S., P.A.

Principal Place of Business	Mailing Address
7600 RED RD., #222 MIAMI, FL 33143 US	1440 CERTOSA AVE. CORAL GABLES, FL 33146-1920 US

DO NOT WRITE IN THIS SPACE

02162005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0091736	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BERMAN, PATRICIA
1440 CERTOSA AVENUE
MIAMI, FL 33146

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000236739 02/21/05-80028-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERMAN, PATRICIA
STREET ADDRESS	1440 CERTOSA AVE
CITY-ST-ZIP	CORAL GABLES FL,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   2/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #