

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90015 032 \*\*\*150.00

DOCUMENT # P02000041417

1. Entity Name

MICHAEL BERGMAN, P.A.



Principal Place of Business

3111 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

Mailing Address

3111 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

01-0696582

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGMAN, MICHAEL  
3111 NORTH UNIVERSITY DRIVE  
SUITE 111  
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Michael Bergman*

Signature, typed or printed name of registered agent and agent if applicable

(NOTE: Registered Agent signature required when reinstating)

3/21/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
BERGMAN, MICHAEL C  
3111 NORTH UNIVERSITY DRIVE, STE 111  
CORAL SPRINGS FL 33065

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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 fee empowered.

SIGNATURE:

*Michael Bergman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

DATE

Daytime Phone #