


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90160 014 ***158.75

DOCUMENT # P03000017546
 1. Entity Name
 DR. ROBERT S. BEIN, P.A.



Principal Place of Business: 10 SE CENTRAL PKWT STE 325, STUART, FL 34994
 Mailing Address: 10 SE CENTRAL PKWT STE 325, STUART, FL 34994


2. Principal Place of Business: 611 S. Federal Highway
 3. Mailing Address: 611 Federal Highway

Suite, Apt. #, etc.: Suite C

City & State: Stuart, FL

Zip: 34994 Country: USA

14003087



04252005 Chg-P CR2E034 (10/03)

4. FEI Number: 33-1088848 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GUMSON, RICHARD P ESQ
 10 SE CENTRAL PKWT STE 325
 STUART, FL 34994

7. Name and Address of New Registered Agent
 Name: Gumpson, Richard P., ESQ.
 Street Address (P.O. Box Number is Not Acceptable): 6390 Indiantown Road
 City: Jupiter
 State: FL Zip Code: 33458

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMPT BEIN, ROBERT S 187 HAMPTON PLACE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BEIN, JANET 187 HAMPTON PLACE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Robert S. Bein** April 25, 2005 561-747-8567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #