


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000034686 1. Entity Name CHARLES A. STERN, MD, P.A.	
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Principal Place of Business 16301 SONSOLES DE AVILA TAMPA, FL 33613	Mailing Address 16301 SONSOLES DE AVILA TAMPA, FL 33613
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01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0863283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STERN, CHARLES A 16301 SONSOLES DE AVILA TAMPA, FL 33613
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**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STERN, CHARLES A 16301 SONSOLES DE AVILA TAMPA, FL 33613
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01/25/07-80005-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
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SIGNATURE:

Charles A Stern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07
Date

8139288860
Daytime Phone #