2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000057562

1. Entity Name

RICHARD A. BERMAN, O.D., P.A.



Principal Place of Business

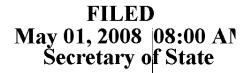
4112 OXBOW DR.

COCONUT CREEK, FL 33073

Mailing Address

4112 OXBOW DR.

COCONUT CREEK, FL 33073





DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05) **4.** FEI Number Applied For

5. Certificate of Status Desired

20-0963859

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

BERMAN, RICHARD A 4112 OXBOW DR. COCONUT CREEK, FL 33073 DO NOT WRITE
IN THIS SPACE

. 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	n, and accept
the obligations of registered agent.	i
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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

000000941112 5/28/08-80093-010_150.00

OFFICERS AND DIRECTORS 10. PRES TITLE BERMAN, RICHARD A NAME 4112 OXBOW DR. STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C11Y - S1 - Z1P

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 addjess, with all other like empowered.

TOPF

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-2008

954675 7447

Date

Daytime Phone #