

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057245

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** PEDRO F. BERMANN, M.D., P.A.

**Current Principal Place of Business:**

2140 W 68 STREET, SUITE 201  
HIALEAH, FL 33016

**New Principal Place of Business:**

2140 W 68 STREET  
SUITE 201  
HIALEAH, FL 33016

**Current Mailing Address:**

2600 ISLAND BOULEVARD  
#1505  
AVENTURA, FL 33160

**New Mailing Address:**

**FEI Number:** 65-0082471      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERMANN, PEDRO MD  
2600 ISLAND BLVD, #1505  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

BERMANN, PEDRO MD  
2600 ISLAND BLVD  
SUITE 1505  
AVENTURA, FL 33160 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/06/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BERMANN, PEDRO MD  
Address: 2140 W 68 STREET, SUITE 201  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO F. BERMANN, M.D.

Electronic Signature of Signing Officer or Director

PRES

04/06/2010

Date