

FILED

Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000008790

1. Entity Name
VERKAUF, BERNHISEL, TARANTINO, GOODMAN & YEKO, M.D.,S, P.A.

Principal Place of Business
2919 SWANN AVENUE
STE 305
TAMPA FL 33609
US

Mailing Address
5245 E. FLETCHER AVE. STE.1
TAMPA FL 33617
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3172722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VERKAUF, BARRY S
2919 SWANN AVENUE, STE 305
TAMPA FL 33609

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
TARANTINO, SAMUEL
1268 GRAY BROOKE PLACE
OLDSMAR FL
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1000000247819
03/02/05-80004-001 150.00
Change Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #