2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90021 040 ***150.00

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

Principal Place of Business	Mailing Address
5245 E FLETCHER AVE STE 1 TAMPA FL 33612 US	5245 E. FLETCHER AVE. STE.1 TAMPA FL 33617 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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 TARANTINO, SAMUEL
Street Address (P.O. Box Number is Not Acceptable) 5245 E. Fletcher Ave, Ste 1
City TAMPA FL Zip Code 33617

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 _____ Samuel TARANTINO, P 1-24-07
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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP TARANTINO, SAMUEL 1268 GRAY BROOKE PLACE OLDSMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TARANTINO, Samuel 5245 E Fletcher Ave #1 TAMPA, FL 33617	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VERKAUF, BARRY S 2919 SWANN AVENUE, STE 305 TAMPA FL 33609 (NO longer a shareholder)	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sandra B. Goodman 5245 E Fletcher Ave #1 TAMPA, FL 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BERNHISEL, MARC A 2919 SWANN AVENUE, STE 305 TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: _____ Samuel TARANTINO, MD - P 1-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #