

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21727

**FILED**  
**Feb 15, 2006**  
**Secretary of State**

**Entity Name:** BARBARA A. STEIN M.D., P.A.

**Current Principal Place of Business:**

33920 US HWY 19 N.  
SUITE 347  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

1679 INDIAN ROCKS RD. S  
LARGO, FL 33774 US

**Current Mailing Address:**

33920 US HWY 19 N.  
SUITE 347  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

1679 INDIAN ROCKS RD. S  
LARGO, FL 33774 US

**FEI Number:** 59-3112338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEIN, BARBARA A  
33920 US HWY 19 N.  
SUITE 347  
PALM HARBOR, FL 34684 US

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

STEIN, BARBARA A  
1679 INDIAN ROCKS RD. S  
LARGO, FL 33774 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:** BARBARA A STEIN

02/15/2006

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** PTS ( ) Delete  
**Name:** BARBARA A. STEIN MD, , PA  
**Address:** 33920 US HWY 19 N. SUITE 347  
**City-St-Zip:** PALM HARBOR, FL 34684 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PTS (X) Change ( ) Addition  
**Name:** BARBARA A. STEIN MD, , PA  
**Address:** 1679 INDIAN ROCKS RD. S  
**City-St-Zip:** LARGO, FL 33774 FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** BARBARA A STEIN

PTS

02/15/2006

Electronic Signature of Signing Officer or Director

Date