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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J26899

(1)

1. Corporation Name

DAVID BERKO, D.D.S., P.A.

Principal Place of Business

5522 W SAMPLE RD
MARGATE FL 33073

Mailing Address

5522 W SAMPLE RD
MARGATE FL 33073-3468

3. Date Incorporated or Qualified

08/01/1986

3a. Date of Last Report

08/07/1996

4. FEI Number

59-2763448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BERKO, DAVID
5522 W SAMPLE RD
MARGATE FL 33073

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the above-named corporation submits this statement for the purpose of changing its registered
by the corporation's board of directors. I hereby accept the appointment as registered
agent.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BERKO, DAVID
STREET ADDRESS 5522 W. SAMPLE RD.
CITY- ST- ZIP MARGATE FL

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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Berko 4-24-97 954-968-4466

CR2E034 (9/96)