FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L39929 1. Entity Name CLAYTON M. BERGER, M.D., P.A.						Feb 05, 2002 8:00 am Secretary of State 02-05-2002 90043 032 ***150.00			
Principal Place of Business 201 SE 14 STREET FORT LAUDERDALE FL 33316		Mailing Address 201 SE 14 STREET FORT LAUDERDALE FL 33316						(141)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. !	4. FEI Number 65-0163040 Applied For Not Applicable			
Zip	Country	Zip	Coun	try	5. (Certificate of Status Desired	\$8.75 A Fee Regui	dditional	
	6. Name and Address of Current F	Registered Agent			7. 1	Name and Address of New Registers			
				Name				<u> -</u>	
CLAYTON, M. BERGER DR. 201 SE 14TH STREET				Street Address (P.O. Box Number is Not Acceptable)					
	JDERDALE FL 33316								
			City	FL Zip Code					
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Star			tate				
11.	OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, CLAYTON M. DR. 201 SE 14TH STREET FORT LAUDERDALE FL	☐ Delete		I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	Addition	
TITLE _ NAME STREET ADDRESS CITY-ST-ZIP	~	□Delete				,	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with f on this report or suppliemental report is rporation or the receives or trustee empor , or on an attachmen with an address, w	true and accurate and that meeted to execute this report :	the exe ny signat as requi	mption stated in ture shall have th red by Chapter 6	Section le same 607, Flori	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; that da Statutes; and that my name appear	certify that the t I am an office rs in Block 11	information er or director or Block 12 if	