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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90112 029 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000007708**

1. Corporation Name  
**BERNSTEIN, MOSKOWITZ, KRAMER AND BENEZRA IPA, IN C.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**100 S.E. 2ND STREET  
 20TH STREET  
 MIAMI FL 33131**

Mailing Address  
**100 S.E. 2ND STREET  
 20TH STREET  
 MIAMI FL 33131**

2. Principal Place of Business  
**21 201 S. Biscayne Blvd.**  
 Suite, Apt. #, etc.  
**22 Suite # 2000**  
 City & State  
**23 Miami, FL**  
 Zip Country  
**24 33131 25 USA**

2a. Mailing Address  
**26 201 S. Biscayne Blvd.**  
 Suite, Apt. #, etc.  
**27 Suite #: 2000**  
 City & State  
**28 Miami, FL**  
 Zip Country  
**29 33131 30 USA**

3. Date Incorporated or Qualified  
**01/23/1998**

4. FEI Number  
**65-0829445**

Applied For  
 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 owes the current year Intangible Personal Property Tax.  
 Yes  No

9. Name and Address of Current Registered Agent  
**ALIERBACH, MARC H ESQ.  
 100 S.E. 2ND STREET  
 20TH STREET  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**201 S. Biscayne Blvd.**  
**83 # 2000**  
**84 City** Miami **FL** **85 Zip Code** 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Marc Alierbach** (NOT if Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Stanley Bernstein, M.D.
STREET ADDRESS		1.3 STREET ADDRESS	2500 E. Hallandale Beach Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Suite 612 Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jerome Moskowitz, M.D.
STREET ADDRESS		2.3 STREET ADDRESS	909 N. Miami Beach Blvd., # 302
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N. Miami Beach, FL 33162
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	David Kramer, M.D.
STREET ADDRESS		3.3 STREET ADDRESS	370 Fisherman Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Opaloka, FL 33054
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Clifford Benezra, M.D.
STREET ADDRESS		4.3 STREET ADDRESS	2500 E. Hallandale Beach Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Suite 612 Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **Stanley Bernstein, M.D.** DIRECTOR 4/19/99 - 954 456 2501  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)