

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90037 031 ***150.00

DOCUMENT #

P98000007708

1. Entity Name

Bernstein, Moskowitz, Kramer and Benezra IPA, Inc.

Principal Place of Business

c/o Marc H. Auerbach
 201 S. Biscayne Blvd., #2000
 Miami, FL 33131

Mailing Address

c/o Marc H. Auerbach
 201 S. Biscayne Blvd., #2000
 Miami, FL 33131

B0085648

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0829445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Auerbach, Marc H.
 201 S. Biscayne Blvd.
 Suite 2000
 Miami, FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	Bernstein, Stanley M.D.
STREET ADDRESS	2500 E. Hallandale Beach Blvd. # GR
CITY-ST-ZIP	Hallandale, FL 33007
TITLE	D <input type="checkbox"/> Delete
NAME	Moskowitz, Jerome M.D.
STREET ADDRESS	909 N. Miami Beach Blvd., # 302
CITY-ST-ZIP	N. Miami Beach, FL 33102
TITLE	D <input type="checkbox"/> Delete
NAME	Kramer, David M.D.
STREET ADDRESS	870 Fisherman Street
CITY-ST-ZIP	Opalocka, FL 33054
TITLE	D <input type="checkbox"/> Delete
NAME	Benezra, Cliffoni M.D.
STREET ADDRESS	2500 E. Hallandale Beach Blvd., # QR
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

Stanley H. Bernstein MD Sec Treas. 4/21/00 954 456 2917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)