

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

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, STE 2000 MIAMI, FL 33131 US			Mailing Address C/O MARC H AUERBACH 201 S BISCAYNE BLVD, STE 2000 MIAMI, FL 33131 US																																																																																																																																																								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162006 Chg-P CR2E034 (11/05)																																																																																																																																																							
City & State		City & State		4. FEI Number 65-0829445																																																																																																																																																							
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when relocating)																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BERNSTEIN, STANLEY M.D.</td> <td></td> <td>STREET ADDRESS</td> <td>000000501830</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>2500 E HALLANDALE BEACH BLVD, STE QR</td> <td></td> <td>CITY- ST- ZIP</td> <td>04/25/06-80077-024 150.00</td> <td></td> </tr> <tr> <td></td> <td>HALLANDALE, FL 33007</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MOSKOWITZ, JEROME M.D.</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>909 N MIAMI BEACH BLVD, #302</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NORTH MIAMI BEACH, FL 33102</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>KRAMER, DAVID M.D.</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>870 FISHERMAN STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OPALOCKA, FL 33054</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>BENEZRA, CLIFFONI M.D.</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2500 E HALLANDALE BEACH BLVD, STE QR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HALLANDALE, FL 33009</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	BERNSTEIN, STANLEY M.D.		STREET ADDRESS	000000501830		CITY- ST- ZIP	2500 E HALLANDALE BEACH BLVD, STE QR		CITY- ST- ZIP	04/25/06-80077-024 150.00			HALLANDALE, FL 33007					TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MOSKOWITZ, JEROME M.D.		NAME			STREET ADDRESS	909 N MIAMI BEACH BLVD, #302		STREET ADDRESS			CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33102		CITY- ST- ZIP			TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	KRAMER, DAVID M.D.		NAME			STREET ADDRESS	870 FISHERMAN STREET		STREET ADDRESS			CITY- ST- ZIP	OPALOCKA, FL 33054		CITY- ST- ZIP			TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	BENEZRA, CLIFFONI M.D.		NAME			STREET ADDRESS	2500 E HALLANDALE BEACH BLVD, STE QR		STREET ADDRESS			CITY- ST- ZIP	HALLANDALE, FL 33009		CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																											
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