

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007708

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** BERNSTEIN, MOSKOWITZ, KRAMER AND BENEZRA IPA, INC.

**Current Principal Place of Business:**

200 S BISCAYNE BLVD. STE 3900  
MIAMI, FL 33131 US

**New Principal Place of Business:**

2500 E. HALLANDALE BCH BLVD.  
SUITE QR  
HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:**

200 S BISCAYNE BLVD. STE 3900  
MIAMI, FL 33131 US

**New Mailing Address:**

200 S BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US

**FEI Number:** 65-0829445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUERBACH, MARC H ESQ.  
200 S. BISCAYNE BLVD STE #3900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROTH, LEON MD  
Address: 2500 E. HALLANDALE BEACH BLVD., SUITE QR  
City-St-Zip: HALLANDALE, FL 33007

Title: D  
Name: MOSKOWITZ, JEROME M.D.  
Address: 909 N MIAMI BEACH BLVD, #302  
City-St-Zip: NORTH MIAMI BEACH, FL 33102

Title: D  
Name: KRAMER, DAVID M.D.  
Address: 870 FISHERMAN STREET  
City-St-Zip: OPALOCKA, FL 33054

Title: D  
Name: BENEZRA, CLIFFONI M.D.  
Address: 2500 E HALLANDALE BEACH BLVD, STE QR  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEON ROTH, M.D.

D

04/23/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date