Pg 1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

08-31-2004 90001 032 ***150.00
FILED P01000004191
04 OCT -7 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54070912

DOCUMENT # P01000004191

1. Entity Name

DR. GABRIELLE BERNARD, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
407 Lincoln Rd.		407 Lincoln Rd.	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500	
City & State Miami, FLORIDA		City & State Miami, FLORIDA	
Zip 33139	Country Miami-Dade	Zip 33139	Country Miami-Dade

REINSTATEMENT DO NOT WRITE IN THIS SPACE 03-0

4. FEI Number 651107236 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Gabrielle Bernard

Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Rd.

Suite 500

City Miami FL Zip Code 33139

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] 8/18/04

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gabrielle Bernard 407 Lincoln Rd, Suite 500 Miami, FLORIDA 33139	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600041730546 10/08/04--01059--010 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #