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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 604169 1. Corporation Name GILBERT H. BERKEN M.D. PA					
Principal Place of Business 4 WEST DANIA BCH. BLVD DANIA FL 33004 US		Mailing Address 4 WEST DANIA BCH BLVD DANIA FL 33004 US			
2. Principal Place of Business 21 1700 SOUTH OCEAN BLVD Suite, Apt. #, etc. 22 APT 15C City & State 23 POMPANO BEACH FL Zip Country 24 33062 US		2a. Mailing Address 26 1700 S. OCEAN BLVD Suite, Apt. #, etc. 27 APT 15C City & State 28 POMPANO BEACH FL Zip Country 29 33062 US		3. Date Incorporated or Qualified 02/08/1973 4. FEI Number 59-1437756 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BERKEN, GILBERT H 2 SO FEDERAL HWY DANIA FL 33304			10. Name and Address of New Registered Agent 81 Name GILBERT H. BERKEN 82 Street Address (P.O. Box Number is Not Acceptable) 1700 S. OCEAN BLVD APT 15C 83 84 City POMPANO BEACH FL 85 Zip Code 33062		
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 <i>[Signature]</i> GILBERT H. BERKEN DATE 11/08/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE PD NAME BERKEN, GILBERT H STREET ADDRESS 4 WEST DANIA BCH BLVD CITY-ST-ZIP DANIA FL <input type="checkbox"/> DELETE TITLE S NAME BERKEN, GILBERT M STREET ADDRESS 4 WEST DANIA BCH BLVD CITY-ST-ZIP DANIA FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME GILBERT H. BERKEN 1.3 STREET ADDRESS 1700 S. OCEAN BLVD 15C 1.4 CITY-ST-ZIP POMPANO BEACH FL 33062 2.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME GILBERT H. BERKEN 2.3 STREET ADDRESS 1700 S. OCEAN BLVD. 15C 2.4 CITY-ST-ZIP POMPANO BEACH FL 33062 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/99 **954-788-3330**
 Date Daytime Phone #