FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 673248

STEPHEN L. BERKES, M.D., P.A.

						INTERNATION OF BUILDING STATE OF	0)1 0 1011 1061
Principal Place	e of Business	Mailing Address			•		
5904 POINTE W		5904 POINTE WEST					
BRADENTON FL 34209		BRADENTON FL 3420	J9		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					06/03/1980		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21		26			59-2002361	Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc	C.			\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Rec	uired .
City & State	e	City & State		· · ·	6. Election Campaign Financing	□ \$5.00 N	vlay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	untry	8. This corporation owes the currer	it year Intangible	
24	25	29	30		Personal Property Tax.	Yes [□No
<u>1</u>	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name			
BERKES, STEPHEN L				82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
5904 POINT WEST BLVD						* * - *1 * - ; * ,	
BRADENTON FL 34209				83	15.写的情况行,如影腾		別和関目
				84 City		185 Zip C	ode (11.12)
				1 - 1 - 7		FL 1 '	
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obl Signature, typed or printed name of registered	ligations of, Section 607.050)5, Florida Sta	tutes.	poration submits this statement for the pron's board of directors. I hereby accept advent reinstating)	the appointment as reg	istered
12.	*	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	DP	DELE		ITLE	50 (50,740,1	Change	Addition
NAME	BERKES, STEPHEN L		1.2 N	IAME	The State of the first		
STREET ADDRESS	5904 POINT WEST BLVD.		13.5	TREET ADDRESS			
	BRADENTON FL			CITY-ST-ZIP			į
CITY-ST-ZIP TITLE	DIADENTONTE	□ DELE				⊂ Change	☐ Addition
			2.2 N				
NAME				TREET ADDRESS			
STREET ADORESS				CITY-ST-ZIP	,		
CITY-ST-ZIP						Change	Addition
TITLE		- V	1	IAME		_ •	- ,,
NAME	20. 1 5 h A			TREET ADDRESS			
STREET ADDRESS	1.74 · 1.55						
CITY-ST-ZIP		□ DELE		CITY-ST-ZIP		☐ Change	Addition
TITLE				NAME	* . \$. \$. \$. \$. \$. \$. \$. \$. \$.	riterato voi mo ntuguatio	
NAME							
STREET ADDRESS	· ·			STREET ADDRESS			
CITY-ST-ZIP		☐ DELE		CITY-ST-ZIP		Change	Addition
TITLE		☐ DELL	1	TTLE NAME			
NAME				·		-	
	il .		■ 5.3 5	TREET ADDRESS			

CITY-ST-ZIP 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

☐ DELETE

Feb 09, 1999 8:00 am Secretary of State

02-09-1999 90020 032 ***150.00

Change

Addition