

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90058 038 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 673248			
1. Entity Name Stephen L. Berkes MD, P.A.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 5904 Pointe W. Blvd. Suite, Apt. #, etc.		3. Mailing Address 5904 Pointe W. Blvd. Suite, Apt. #, etc.	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34209		Zip 34209	
Country Manatee		Country Manatee	
4. FEI Number 592002361		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Stephen L. Berkes			
Street Address (P.O. Box Number is Not Acceptable) 5904 Pointe West Blvd.			
City Bradenton FL Zip 34209			
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 Stephen L. Berkes DATE 4/29/02			
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP DR Stephen L. Berkes 5904 Pointe W. Blvd, Bradenton FL 34209		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Stephen L. Berkes MD DATE 4/30/02 PHONE 941-792-3353			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

Attachment
Document #

673248

870212

June 2, 2002

STEPHEN L. BERKES, M.D., P.A.
5904 POINTE WEST BLVD.
BRADENTON, FL 34209

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

Reference Number: 673248

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn
ANNUAL REPORTS SECTION