## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## Jan 15, 2004 08:00 AM **DOCUMENT # 679756** Secretary of State 1. Entity Name ROBERT L. BERMAN, D.O., P.A. Principal Place of Business Mailing Address 4204 NORTH STATE ROAD 7 4204 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319 01082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2011556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERMAN, ROBERT L. DO NOT WRITE 4204 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 IN THIS SPACE 3. 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. I am familiar with, and accept the obligations of registered age if SIGNATURE DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MLE BERMAN, ROBERT L., D. O. NAME STREET ADDRESS 4204 NO. STATE RD. 7 U00000005185 U1/15/04-80043-006 150.00 CAY-ST-ZIP LAUDERDALE LAKES, FL TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

54-484-1710