**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY -1 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F12097 (4)

1. Corporate Name
BERNARD H. STERN, M.D.,P.A.

Principal Place of Business
16800 NW 2ND AVE
N. MIAMI BEACH FL 33169
US

Mailing Address
26555 EVERGREEN
STE 820
SOUTHFIELD MI 48076
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1980
3a. Date of Last Report: 07/21/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
ZIP 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
ZIP 29 County 30

4. FEI Number: 38-2210441 — Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under Ch. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STERN, BERNARD H.
16800 N.W. 2ND AVENUE
NORTH MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sec. 607.0505 and Ch. 48, 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 such office under Florida statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

| Title | Name | Street Address | City, State, Zip |
|---|---|---|---|
| DPS | STERN, BERNARD H | 26555 EVERGREEN #820 | SOUTHFIELD MI |
| T | STERN, BERNARD H | 26555 EVERGREEN #820 | SOUTHFIELD MI |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

600001547656
-07/27/95--01056--011
****200.00 ****200.00

REMITTED BY MAY 1

5/1/95 MSt

14. I declare that I have examined the information contained herein and that it is true, correct and complete. I further certify that the information indicated on this annual report or supplemental annual report is true and complete and that my signature shall have the same and effect as if made under oath. 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 or is attached with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-18-95

Area Code & Daytime Phone Number: 810 353-4342

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