

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12097 (4)

1. Corporation Name

BERNARD H. STERN, M.D., P.A.



Principal Place of Business

Mailing Address

~~10000 NW 2ND AVE~~
~~N MIAMI BEACH FL 33169~~
US

~~20555 EVERGREEN~~
~~STE 820~~
~~SOUTHFIELD MI 48076~~
US

3. Date Incorporated or Qualified
12/18/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **10061 E. Broadview Drive**
Suite, Apt. #, etc.

2a. Mailing Address

26 **10061 E. Broadview Drive**
Suite, Apt. #, etc.

4. FEI Number
38-2210441

Applied For
Not Applicable

22 City & State

23 **Bay Harbor Islands, FL**

27 City & State

28 **Bay Harbor Islands, FL**

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

24 **33154**

25 **US**

29 **33154**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

***STERN, BERNARD H.**
10000 N.W. 2ND AVENUE
NORTH MIAMI BEACH FL 33169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
10061 E. Broadview Drive

83

84 City

Bay Harbor Islands,

FL

85 Zip Code
33154

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

Signature, typed or printed name of registered agent and of the filer, as above.

(If filer is Registered Agent, signature required when filing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS** ☐ DELETE
NAME **STERN, BERNARD H**
STREET ADDRESS ~~20555 EVERGREEN #820~~
CITY-ST-ZIP ~~SOUTHFIELD MI~~

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10061 E. Broadview Drive**
1.4 CITY-ST-ZIP **Bay Harbor Islands, FL 33154**

TITLE **T** ☐ DELETE
NAME **STERN, BERNARD H**
STREET ADDRESS ~~20555 EVERGREEN #820~~
CITY-ST-ZIP ~~SOUTHFIELD MI~~

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **10061 E. Broadview Drive**
2.4 CITY-ST-ZIP **Bay Harbor Islands, FL 33154**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)