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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**10061 E BROADVIEW DR
BAY HARBOR ISLANDS FL 33154**

Mailing Address

**10061 E BROADVIEW DR
BAY HARBOR ISLANDS FL 33154-1120**

3. Date Incorporated or Qualified

12/18/1980

3a. Date of Last Report

04/19/1996

4. FEI Number

38-2210441

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Zip

26 Country

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

31 Suite, Apt. #, etc.

32 City & State

33 Zip

34 Country

35 Suite, Apt. #, etc.

36 City & State

37 Zip

38 Country

39 Suite, Apt. #, etc.

40 City & State

41 Zip

42 Country

43 Suite, Apt. #, etc.

44 City & State

45 Zip

46 Country

47 Suite, Apt. #, etc.

48 City & State

49 Zip

50 Country

51 Suite, Apt. #, etc.

52 City & State

53 Zip

54 Country

55 Suite, Apt. #, etc.

56 City & State

57 Zip

58 Country

59 Suite, Apt. #, etc.

60 City & State

61 Zip

62 Country

63 Suite, Apt. #, etc.

64 City & State

65 Zip

66 Country

9. Name and Address of Current Registered Agent

**STERN, BERNARD H.
10061 E BROADVIEW DR
BAY HARBOR ISLANDS FL 33154**

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPS**
STERN, BERNARD H
STREET ADDRESS **10061 E BROADVIEW DR**
CITY- ST- ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE ☐ DELETE

NAME **STERN, BERNARD H**
STREET ADDRESS **10061 E BROADVIEW DR**
CITY- ST- ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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.

SIGNATURE: X

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)