## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

GARY L. BERGER, M.D., P.A.

## **FILED** Apr 15 1998 8:00am Secretary of State

9-98 441656812

| City & State  Ci | Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No gent  85 Zip Code changing its registered                        |
|--|---|
| SUITE 21 PORT CHARLOTTE FL 33952  PORT CHARLOTTE FL 33952  PORT CHARLOTTE FL 33952  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  3. Date Incorporated or Qualified Ogy/01/1983  4. FEI Number  59-2306867  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  2. City & State  2. City & State  2. City & State  2. Principal Place of Business  2. Election Campaign Financing Trust Fund Contribution  City & State  2. City & State  2. City & State  3. Name and Address of Current Registered Agent  BERGER, GARY L.  2400 NE HARBOR BLVD PORT CHARLOTTE FL 33952  3. Sireet Address (P.O. Box Number is Not Acceptable)  PORT CHARLOTTE FL 33952  3. Sireet Address (P.O. Box Number is Not Acceptable)  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 chordice 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 appoint agent larm familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature hyped or printed name of registered agent and title if accidable (NOTE: Registered Agent signature inquiries when remaining)  DATE  12. OFFICERS AND DIRECTORS  13. SIRRET ADDRESS  CITY-ST-2P  14. CITY-ST-2P  15. PURSUANE  15. SIRRET ADDRESS  24. CITY-ST-2P  16. Election Campaign Financing  4. FEI Number  59-2308867  5. Corridicate of Status Desired  6. Election Campaign Financing  6. Election Campaign Financing  6. Election Campaign Financing  7. The Text Fund Contribution  10. Name and Address of New Registered Agent  10. Name and Address of New Reg | Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No gent  B5 Zip Code changing its registered intrnent as registered |
| PORT CHARLOTTE FL 33982  PORT CHARLOTTE FL 33982  PORT CHARLOTTE FL 33982  2. Principal Place of Business 2. A Meiling Address 2. Principal Place of Business 2. Suite, Apt. #, etc.  City & State  City & State  City & State  2. City & State  2. City & State  2. City & State  2. Country  2. Principal Place of Status Desired  Trust Fund Contribution  Trust Fund Contr | Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No gent  B5 Zip Code changing its registered intrnent as registered |
| 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified Op/01/1983 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2306867  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Description of Status Desired  | Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No gent  B5 Zip Code changing its registered intrnent as registered |
| 2. Principal Place of Business   | Not Applicable   \$8.75 Additional     Fee Required     \$5.00 May Be     Added to Fees     Added to Fees     Yes   |
| 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Age  Country  Description of Country  Descriptio | Not Applicable   \$8.75 Additional     Fee Required     \$5.00 May Be     Added to Fees     Added to Fees     Yes   |
| 28 Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  28 City & State  29 Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  30 Name and Address of Current Registered Agent  BERGER, GARY L.  2400 NE HARBOR BLVD  PORT CHARLOTTE FL 33952  82 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  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 charge was authorized by the corporation's board of directors. I hereby accept the appoint agent I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature  Delete  Delete  Delete  11. Title  Delete  Delete  22. NAME  23. Sirect Address  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. Title  NAME  22. NAME  23. Sirect Address  24. ONE HARBOR BLVD  PT CHARLOTTE FL  Delete  24. City-St-Zip  Delete  24. City-St-Zip  Delete  24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Certificate of Status Deletes  17. Site of Address (P.O. Box Number is Not Acceptable)  PT CHARLOTTE FL  Delete  24. City-St-Zip  Delete  25. Site of Address (P.O. Box Number is Not Acceptable)  Delete  11. Title  NAME  22. NAME  23. Site of Address (P.O. Box Number is Not Acceptable)  Delete  24. City-St-Zip  Delete  25. Site of Address (P.O. Box Number is Not Acceptable)  Delete  Delete  26. Election Comparing Trust funders  16. Election Comparing Trust funders  16. These comparing Trust funders  17. The proving Trust funders  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  28. City-St-Zip  Delete Comparing Trust funders  29. Address of New Registered Agent and Agent and Agent and Agent and Agent and | Not Applicable   \$8.75 Additional     Fee Required     \$5.00 May Be     Added to Fees     Added to Fees     Yes   |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     Suite, Apt. #, etc.     Suite, Apt. #, | \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees ent year Intangible Yes No gent   B5 Zip Code changing its registered intrnent as registered                          |
| City & State  City & Trust Fund Contribution  Personal Property Tax due June 30.  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  ERGER, GARY L  2400 NE HARBOR BLVD PORT CHARLOTTE FL 33952  B2 Street Address (P.O. Box Number is Not Acceptable)  B2 Street Address (P.O. Box Number is Not Acceptable)  B2 Street Address (P.O. Box Number is Not Acceptable)  B2 Street Address (P.O. Box Number is Not Acceptable)  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City  FL  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 chorics 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 appoint agent with, and accept the obligations of, Section 607.0605, Florida Statutes, the above-named corporation submits this statement for the purpose of chorics or registered agent with, and accept the obligations of of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chorics or registered agent agent agent agent agent agent agent and the interpolated by the corporation's board of directors. I hereby accept the appoint agent age | Fee Required  \$5.00 May Be Added to Fees ent year Intangible Yes No gent  B5 Zip Code changing its registered intrnent as registered   |
| 28   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Trust Fund Contribution   Personal Property Tax due June 30.   Trust Fund Contribution   Trust Fund Fund Fund Fund Fund Fund Fund Fund  | Added to Fees ent year Intangible Yes No gent  85 Zip Code changing its registered intraent as registered   |
| Zip Country Zip Country Zip Country Age 30 Strate Address (P.O. Box Number is Not Acceptable)  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 chordice 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 appoint agent are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City FL 20 Strate Age and Age 30 Strate Age 30 S | Added to Fees ent year Intangible Yes No gent  85 Zip Code changing its registered intraent as registered   |
| 24 25 29 30 Personal Property Tax due June 30.   9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City FL  15. PVS  16. City FL  16. City FL  17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  18. City FL  19. City FL  10. Name  19. Name  10. Name Address of New Registered Agent Agent Address (P.O. Box Number is Not Acceptable)  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 change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  18. City Florida Statutes.  19. City Florida Statutes.  19. City Florida Statutes.  19. City Florida Statutes.  19. City Florida Statutes.  10. Name Address of New Registered Agent Agent Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change agent a | SS Zip Code changing its registered   |
| BERGER, GARY L. 2400 NE HARBOR BLVD PORT CHARLOTTE FL 33952  83  City FL  City FL  City FL  Signature, hiped or printed name of regulared apent and bite if applicable  TILE  PVS  GIT - AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILE  PVS  BERGER, GARY L. 2400 NE HARBOR BLVD PORT CHARLOTTE FL 33952  10. Name  Street Address (P.O. Box Number is Not Acceptable)  City FL  City FL  City FL  Signature in provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of che office or registered agent, or both, in the State of Floridas Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Floridas Statutes.  SIGNATURE  Signature, hyped or printed name of regulared apent and bite if applicable  (NOTE: Registered Agent signature required when remataling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  BERGER, GARY L  1.2 NAME  SIREET ADDRESS  CITY-SI-ZIP  TITLE  DELETE  2.1 TITLE  DELETE  2.2 TITLE  CITY-SI-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  | 85 Zip Code changing its registered intraent as registered  |
| BERGER, GARY L. 2400 NE HARBOR BLVD PORT CHARLOTTE FL 33952  83  84 City FL  65 Street Address (P.O. Box Number is Not Acceptable)  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 chorfice 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 appoint 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 bite if applicable  OFFICERS AND DIRECTORS  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint 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 bite if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  NAME  12. NAME  12. NAME  13. STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  14. CITY-ST-2IP  DELETE  21. TITLE  DELETE  22. STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  31. TITLE  DELETE  31. TITLE   | 85 Zip Code<br>changing its registered<br>intment as registered   |
| 2400 NE HARBOR BLVD PORT CHARLOTTE FL 33952  82 Street Address (P.O. Box Number is Not Acceptable)  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 ch office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint 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 remataling) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  PVS  BERGER, GARY L  1.2 NAME  1.3 STREET ADDRESS  2400 NE HARBOR BLVD  1.3 STREET ADDRESS  2400 NE HARBOR BLVD  1.4 CHY-ST-ZIP  1.4 CHY-ST-ZIP  1.1 TITLE  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE   | changing its registered intment as registered   |
| PORT CHARLOTTE FL 33952  83  84 City  FL  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 choffice 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 appoint 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 bite if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11ILE  PVS  BERGER, GARY L  12 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  1.1 TITLE  DELETE  2.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE   | changing its registered intment as registered   |
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| 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 che 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 appoint 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  MAME  BERGER, GARY L  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.4 CITY-ST-ZIP  TITLE  DELETE  2.3 TITLE  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  | changing its registered intment as registered   |
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| SIGNATURE  Signature, typed or printed name of regulared agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IIITLE  NAME  BERGER, GARY L  2400 NE HARBOR BLVD  1.3 STREET ADDRESS  CITY-SI-ZIP  PT CHARLOTTE FL  DELETE  1.4 CITY-SI-ZIP  DELETE  2.2 NAME  2.2 NAME  STREET ADDRESS  CITY-SI-ZIP  DELETE  3.1 TITLE  DELETE  DELETE  3.1 TITLE  |   |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  | DIRECTORS IN 12   |
| Signature, typed or printed name of registered agent and title if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DI  TITLE  PVS BERGER, GARY L 1.1 TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  DELETE  1.4 CITY-ST-ZIP  TITLE  NAME  2.2 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  2.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  | DIRECTORS IN 12   |
| TITLE PVS DELETE 1.1 TITLE  NAME BERGER, GARY L  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADORESS CITY-ST-ZIP  DELETE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADORESS 1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE   | DIRECTORS IN 12   |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE  BERGER, GARY L 2400 NE HARBOR BLVD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE  DELETE 2.1 TITLE  2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP  DELETE 3.1 TITLE   |   |
| 2400 NE HARBOR BLVD  | Change  |
| CITY-ST-ZIP  |   |
| TITLE         DELETE         2.3 TITLE           NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY-S1-ZIP         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE  |   |
| NAME   2.2 NAME  | Character Landing   |
| 2.3 STREET ADDRESS   | Change Addition   |
| CITY-S1-ZIP  |   |
| TITLE DELETE 3.1 TITLE   |   |
| 1  | Change Addition   |
| NAME \$ 3.2 NAME   |   |
| STREET ADDRESS 33 STREET ADDRESS   |   |
| CITY-ST-ZIP 3.4, CITY-ST-ZIP   |   |
| TITLE DELETE 41 TITLE  | Change Addition   |
| NAME 4.2 NAME  |   |
| STREET ADDRESS 4.3 STREET ADDRESS  |   |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  |   |
| TITLE DELETE 5.1 TITLE   | Change Addition   |
| NAME 5.2 NAME  |   |
| STREET ADDRESS 5.3 STREET ADDRESS  |   |
| CITY-S1-ZIP 54 CITY-ST-ZIP   |   |
|  | Change  Addition  |
| NAME 62 NAME   |   |
| STREET ADDRESS 6.3 STREET ADDRESS  |   |
| CITY-ST-ZIP  64 CITY-ST-ZIP  14   berein continued by the the information cumplied with the filling does not continue the continued by the  |   |
| 14. I 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 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 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 no Block 12 or Block 13 if changed, or on an attachment with an address.  |   |