2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED Jan 12, 2005 08:00 AM Secretary of State DOCUMENT # G54778 1. Entity Name GARY L. BERGER, M.D., P.A. Principal Place of Business Mailing Address 2400 NE HARBOR BLVD 2400 NE HARBOR BLVD SUITE 21 SUITE 21 PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2308867 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERGER, GARY L. DO NOT WRITE 2400 NE HARBOR BLVD PORT CHARLOTTE, FL 33952 IN THIS SPACE 8. 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 agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIFFECTORS TITLE BERGER, GARY L NAME STREET ADDRESS 2400 NE HARBOR RD, STE #21 CITY-ST-ZIP PT CHARLOTTE, FL @1712765 00019 01 U00000178206 TITLE NAME STREET ADDRESS 01/12/05-80019-011 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STRUET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I horeby 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 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.

NAME OF SIGNING OFFICER OF DIRECTOR

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