2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G54778

1. Entity Name
GARY L. BERGER, M.D., P.A.

Principal Place of Business	Mailing Address
2400 NE HARBOR BLVD SUITE 21 PORT CHARLOTTE, FL 33952	2400 NE HARBOR BLVD SUITE 21 PORT CHARLOTTE, FL 33952

01162006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2308867	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERGER, GARY L.
2400 NE HARBOR BLVD
PORT CHARLOTTE, FL 33952

DO NOT WRITE
IN THIS SPACE

6. 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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PVS
NAME	BERGER, GARY L
STREET ADDRESS	2400 NE HARBOR RD, STE #21
CITY-ST-ZIP	PT CHARLOTTE, FL

U00000494046
04/20/06-80030-008 150.0

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____   4-3-06   941-625-6992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #