

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 # **H05542 (6)**

1. Corporation Name
ERIC S. BERKE, PH.D., M.D., P.A.



Principal Place of Business: ~~925-B LAKEVIEW RD. CLEARWATER FL 34616~~
601 MAIN ST. DUNEDIN, FL 34698

Mailing Address: ~~925-B LAKEVIEW RD. CLEARWATER FL 34616~~
P.O. BOX 2216 DUNEDIN, FL 34697-2216

3. Date Incorporated or Qualified: **06/01/1984**

3a. Date of Last Report: **03/09/1995**

4. FEI Number: **59-2410681**

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

2. Principal Place of Business: **601 MAIN ST. DUNEDIN, FL 34698**

2a. Mailing Address: **P.O. BOX 2216 DUNEDIN, FL 34697-2216**

21. City & State: **DUNEDIN, FL**

22. Zip: **34698** Country: **FLORIDA**

26. City & State: **DUNEDIN, FL**

27. Zip: **34697-2216** Country: **FLORIDA**

9. Name and Address of Current Registered Agent:
**BERKE, ERIC S.
925-B LAKEVIEW RD.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent:

81	Name	ERIC S. BERKE JAME
82	Street Address (P.O. Box Number is Not Acceptable)	925 B LAKEVIEW RD
83		
84	City	DUNEDIN
85	Zip Code	34616

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKE, ERIC S.	1.2 NAME	
STREET ADDRESS	1000 LAKEVIEW RD. #4	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Eric S. Berke **ERIC S. BERKE** 3/8/96 (813) 734-9267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Day/Mo/Phone #

CR2E034 (12/95)