


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90008 006 ***150.00

| | | |
|--|--|---|
| DOCUMENT # J72308 | |  |
| 1. Entity Name CLIFFORD J. BENEZRA, M.D., P.A. | | |

| | |
|---|---|
| Principal Place of Business 2500 E. HALLANDALE BEACH BLVD SUITE Q,R HALLANDALE, FL 33009 US | Mailing Address 2500 E. HALLANDALE BEACH BLVD SUITE Q,R HALLANDALE, FL 33009 US |
|---|---|

00002645

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business 2100 E. Hallandale Bch Blvd | | 3. Mailing Address 2100 E. Hallandale Bch Blvd | |
| Suite, Apt. #, etc. Suite 307 | | Suite, Apt. #, etc. Suite 307 | |
| City & State Hallandale, FL | | City & State Hallandale, FL | |
| Zip 33009 | Country USA | Zip 33009 | Country USA |



01062005 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 59-2803929 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent KRAMER, ROBERT M. 200 SOUTH PARK ROAD SUITE 460 HOLLYWOOD, FL 33021 | |
|---|--|

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST BENEZRA, CLIFFORD J. M.D 2500 E. HALLANDALE BEACH BLVD SUITE Q,R HALLANDALE, FL 33009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST Benezra, Clifford J. M.D 2100 E. Hallandale Beach Blvd Ste 307 Hallandale, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: _____ | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|-------------------------|--|------|-----------------|