FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J91197** **(0)**

1. Corporation Name
BERENS MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
6913 W BROWARD BLVD PLANTATION FL 33317-9905	6913 W BROWARD BLVD PLANTATION FL 33317-2917

3. Date Incorporated or Qualified: **09/08/1987**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 **969 - 971 NOB HILL ROAD**
22 Suite, Apt. #, etc. —
23 City & State: **PLANTATION, FL**
24 Zip: **33324** 25 Country: **BWD**

2a. Mailing Address
26 **P.O. BOX 16807**
27 Suite, Apt. #, etc. —
28 City & State: **PLANTATION, FL**
29 Zip: **33318** 30 Country: **BWD**

4. FEI Number: **65-0006484** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

STEVEN F. BARG
1762 NE 205TH TERR.
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Signature of new registered agent if changing registered agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT ☐ DELETE	1.1 TITLE	PVT ☒ Change ☐ Addition
NAME	BERENS, ABRAM MD	1.2 NAME	BERENS, ABRAM M.D.
STREET ADDRESS	~~6913 W BROWARD BLVD~~ P.O. BOX 16807	1.3 STREET ADDRESS	P.O. BOX 16807
CITY-ST-ZIP	~~PLANTATION FL 33317-9905~~ PLANTATION FL 33318	1.4 CITY-ST-ZIP	PLANTATION, FL 33318 N/A
TITLE	PVT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BERENS, ABRAM MD	2.2 NAME	
STREET ADDRESS	969-971 NOB HILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 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-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I/we 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 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: X 1/31/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #