## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J91197

Entity Name: BERENS MEDICAL CENTER, INC.

FILED Apr 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

969 N NOB HILL RD 969 NORTH NOB HILL RD PLANTATION, FL 33324 US PLANTATION, FL 33324 US

Current Mailing Address: New Mailing Address:

969 N NOB HILL RD 969 NORTH NOB HILL RD PLANTATION, FL 33324 US PLANTATION, FL 33324 US

FEI Number: 65-0006484 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 STEVEN F. BARG
 STEVEN F. BARG

 1762 NE 205TH TERR.
 1762 NE 205TH TERRACE

 N. MIAMI BEACH, FL 33179
 US

 N. MIAMI BEACH, FL 33179
 US

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.

SIGNATURE: 04/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT () Delete Title: PVT (X) Change () Addition

 Name:
 BERENS, ABRAM M
 Name:
 BERENS, ABRAM

 Address:
 969 N NOB HILL RD
 Address:
 969 NORTH NOB HILL RD

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAM BERENS PRES 04/16/2004