


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90244 003 ***150.00

DOCUMENT # K03603	
1. Entity Name BKRY PHYSICIAN SERVICES OF SOUTH FLORIDA, INC.	

Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Mailing Address ATTN: TAX DEPT P O BOX 15309 DURHAM, NC 27704 US
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14022256



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Navigant Consulting Two North Charles Street Suite 400 Baltimore, Maryland 21201	
City & State			
Zip	Country		

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 58-1763813	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	CROD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PODOLSKY, M. D. S			NAME	Charles R. Goldstein		
STREET ADDRESS	2828 CROASDAILE DRIVE			STREET ADDRESS	Navigant Consulting		
CITY-ST-ZIP	DURHAM, NC 27705			CITY-ST-ZIP	Two North Charles Street - Suite 400		
					Baltimore, Maryland 21201		
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, DONNA			NAME			
STREET ADDRESS	1600 S FEDERAL HWY STE 300			STREET ADDRESS			
CITY-ST-ZIP	POMPAHO BEACH, FL 33062			CITY-ST-ZIP			
TITLE	DST	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUDINAS, PAT			NAME			
STREET ADDRESS	1600 S FEDERAL HWY STE 300			STREET ADDRESS			
CITY-ST-ZIP	POMPAHO BEACH, FL 33062			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAUCHERT, EUGENE F JR			NAME			
STREET ADDRESS	2828 CROASDAILE DR			STREET ADDRESS			
CITY-ST-ZIP	DURHAM, NC 27705			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, TAMMY			NAME			
STREET ADDRESS	2828 CROWDAILE DR			STREET ADDRESS			
CITY-ST-ZIP	DURHAM, NC 27705			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEELE, DIANNE			NAME			
STREET ADDRESS	2828 CROASDAILE RD			STREET ADDRESS			
CITY-ST-ZIP	DURHAM, NC 277045			CITY-ST-ZIP			

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:  **Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #