

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N50222 (1)**

1. Corporation Name  
**INSTITUTE FOR HEALTH CARE RESEARCH, INC.**



Principal Place of Business  
**15485 EAGLE NEST LANE  
SUITE 100  
MIAMI LAKES FL 33014**

Mailing Address  
**15485 EAGLE NEST LANE  
SUITE 100  
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified  
**08/04/1992**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0351422**

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  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25  
Country  
30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**REISER, RAYMOND  
1 SE 3RD AVE  
STE., #1240  
MIAMI FL 33131-0**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, ELIOT H MD	1.2 NAME	
STREET ADDRESS	7100 W. 20TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKSEY, PAUL	2.2 NAME	
STREET ADDRESS	ONE MASSACHUSETTS AVE., N.W. STE. #860	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANNA	3.2 NAME	
STREET ADDRESS	15485 EAGLE NEST LANE STE. #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, VIRGINIA	4.2 NAME	
STREET ADDRESS	1400 N.W. 10TH AVE. DOMINION TOWER RM 210	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, DANIEL	5.2 NAME	
STREET ADDRESS	7281 N.W. 7TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	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	

*v15/s*

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIOT H. BERG MD**

Date

**4/26/96**

Daytime Phone #

**305 822-9770**

CR2E037 (12/95)