2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 14, 2005 8:00 am Secretary of State **DOCUMENT # P00000077351** 02-14-2005 90076 004 ***150.00 RICHARD D. BERKOWITZ, M.D., P.A. Mailing Address Principal Place of Business 50015298 10392 NW 64TH STREET 10392 NW 64TH STREET PARKLAND, FL 33076 PARKLAND, FL 33076 2. Principal Place of Business 3. Mailing Address 7805 S.W. 6 Court 7805 S.W. 6 Court Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 CR2E034 (10/03) Cha-P Applied For City & State 4. FEI Number City & State 65-1042062 Not Applicable Plantation, F1Plantation, Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33324 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Steven A. Weinberg, Esq. BERKOWITZ, RICHARD D M.D. Street Address (P.O. Box Number is Not Acceptable) Frank, Weinberg & Black 10392 NW 64TH STREET PARKLAND, FL. 33076 7805 S.W. 6th Court Zip Code 33324 Plantation 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 as STEVEN A.WEINBER SIGNATURE (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN .11 10. 11. Change PVST Delete TITLE PVST Addition TITLE BERKOWITZ, RICHARD D MD NAME NAME Richard Berkowitz, MD 10392 NW 64TH STREET STREET ADDRESS STREET ADDRESS 7805 S.W. 6th Court CITY-ST-ZIP PARKLAND, FL 33076 CITY-ST-7IP Plantation, Florida Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED