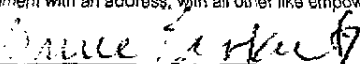


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000132559		
1. Entity Name BRUCE M. BERKOWITZ, M.D., P.A.		
Principal Place of Business 5258 LINTON BOULEVARD STE 102 DELRAY BEACH, FL 33484		Mailing Address 5258 LINTON BOULEVARD STE 102 DELRAY BEACH, FL 33484
DO NOT WRITE IN THIS SPACE		
		
04182006 No Chg-P CR2E034 (11/05)		
4. FEI Number 06-1666540		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MILLER AND O'NEILL, PL 2300 GLADES RD SUITE 400 EAST BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		000000565961 05/24/06-80002-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERKOWITZ, BRUCE 5258 LINTON BLVD STE 102 DELRAY BEACH, FL 33484	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERKOWITZ, LISA 5258 LINTON BLVD STE 102 DELRAY BEACH, FL 33484	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4/24/2006 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		