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	Mailing Address
5258 LINTON BOULEVARD STE 102 DELRAY BEACH, FL 33484	5258 LINTON BOULEVARD STE 102 DELRAY BEACH, FL 33484

04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000565961
05/24/06-80002-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERKOWITZ, BRUCE
STREET ADDRESS	5258 LINTON BLVD STE 102
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	VP
NAME	BERKOWITZ, LISA
STREET ADDRESS	5258 LINTON BLVD STE 102
CITY-ST-ZIP	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	

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #