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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morfitt

Secretary of State

DIVISION OF CORPORATIONS

95 APR 27 AM 8:02

DOCUMENT # P92000013910 (4)

1. Corporation Name

JEFFREY T. BERK V.M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3210 S.W. 42ND STREET
OCALA FL 34474

Mailing Address

3210 S.W. 42ND STREET
OCALA FL 34474

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 6200 S.W. 27TH AVE.

2a. Mailing Address

26 6825 S.W. 66TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2531615

Applied For

Not Applicable

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. 189.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 OCALA, FLORIDA

City & State

28 OCALA, FLORIDA

Zip

24 34474

Country

25 MARION

Zip

29 34476

Country

30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERK, JEFFREY T

3210 S.W. 42ND STREET 6825 S.W. 66TH ST
OCALA FL 34474 6

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1ST VP
BERK, JEFFREY T
3210 S.W. 42ND STREET 6825 S.W. 66TH ST
OCALA FL 34474 OCALA, FL 34476

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
CEO + PRES.
JEFFREY T. BERK
6825 SW 66TH ST.
OCALA FL 34476
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 110.07(3)(b), 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number