FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076469 (3)**

1. Corporate Name
GARY M. BERKSON, P.A.

Principal Place of Business	Mailing Address
1132 SYMONDS AVENUE WINTER PARK FL 32789	1132 SYMONDS AVENUE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1994** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: **59-3271659** ☐ 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 intangibles under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERKSON, GARY M 1132 SYMONDS AVENUE WINTER PARK FL 32789	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 Section(s) 607.1005 and/or 608.1508, 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(s) 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTORS (Fill in 12)
Title: D Name: BERKSON, GARY M Street Address: 1132 SYMONDS AVENUE City-State-Zip: WINTER PARK FL 32789	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607; and that my name appears in Block 12 or Block 13 above, or on an attachment with an addition.

SIGNATURE: [signature] 5/13/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

644-226 — Telephone Number

0048732 CP