

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000091759 (8)**

1. Corporation Name:

JEFFREY M. BERMAN, M.D., P.A.

Principal Place of Business:

**2901 CLINT MOORE ROAD SUITE 418
BOCA RATON FL 33496**

Mailing Address:

**2901 CLINT MOORE ROAD SUITE 418
BOCA RATON FL 33496**



2. Principal Place of Business:

2a. Mailing Address:

21

26

Subj. Apt. #, etc.:

Subj. Apt. #, etc.:

22

27

City & State:

City & State:

23

28

Zip:

County:

Zip:

Country:

24

25

29

30

9. Name and Address of Current Registered Agent

**BERMAN, JEFFREY M
2901 CLINT MOORE ROAD SUITE 418
BOCA RATON FL 33496**

3. Date Incorporated or Qualified

12/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0545288

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. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 at-
or registered agent, or both, in the State of Florida. Such change was authorized by the
familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

I, the named corporation submits this statement for the purpose of changing its registered office
corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Title: **D**

1. Name: **BERMAN, JEFFREY M**

2. Name: **BERMAN, JEFFREY M**
3. Street Address: **2901 CLINT MOORE ROAD SUITE 418**
4. City, State, Zip: **BOCA RATON FL 33496**

2. Change: ☐ Addition: ☐

3. Title: ☐ DELETE

3. Name: ☐ Change: ☐ Addition: ☐

4. Name: ☐ DELETE

4. Name: ☐ Change: ☐ Addition: ☐

5. Street Address: ☐ DELETE

5. Street Address: ☐ Change: ☐ Addition: ☐

6. City, State, Zip: ☐ DELETE

6. City, State, Zip: ☐ Change: ☐ Addition: ☐

7. Title: ☐ DELETE

7. Name: ☐ Change: ☐ Addition: ☐

8. Name: ☐ DELETE

8. Name: ☐ Change: ☐ Addition: ☐

9. Street Address: ☐ DELETE

9. Street Address: ☐ Change: ☐ Addition: ☐

10. City, State, Zip: ☐ DELETE

10. City, State, Zip: ☐ Change: ☐ Addition: ☐

11. Title: ☐ DELETE

11. Name: ☐ Change: ☐ Addition: ☐

12. Name: ☐ DELETE

12. Name: ☐ Change: ☐ Addition: ☐

13. Street Address: ☐ DELETE

13. Street Address: ☐ Change: ☐ Addition: ☐

14. City, State, Zip: ☐ DELETE

14. City, State, Zip: ☐ Change: ☐ Addition: ☐

15. Title: ☐ DELETE

15. Name: ☐ Change: ☐ Addition: ☐

16. Name: ☐ DELETE

16. Name: ☐ Change: ☐ Addition: ☐

17. Street Address: ☐ DELETE

17. Street Address: ☐ Change: ☐ Addition: ☐

18. City, State, Zip: ☐ DELETE

18. City, State, Zip: ☐ Change: ☐ Addition: ☐

19. Title: ☐ DELETE

19. Name: ☐ Change: ☐ Addition: ☐

20. Name: ☐ DELETE

20. Name: ☐ Change: ☐ Addition: ☐

21. Street Address: ☐ DELETE

21. Street Address: ☐ Change: ☐ Addition: ☐

22. City, State, Zip: ☐ DELETE

22. City, State, Zip: ☐ Change: ☐ Addition: ☐

23. Title: ☐ DELETE

23. Name: ☐ Change: ☐ Addition: ☐

24. Name: ☐ DELETE

24. Name: ☐ Change: ☐ Addition: ☐

25. Street Address: ☐ DELETE

25. Street Address: ☐ Change: ☐ Addition: ☐

26. City, State, Zip: ☐ DELETE

26. City, State, Zip: ☐ Change: ☐ Addition: ☐

27. Title: ☐ DELETE

27. Name: ☐ Change: ☐ Addition: ☐

28. Name: ☐ DELETE

28. Name: ☐ Change: ☐ Addition: ☐

29. Street Address: ☐ DELETE

29. Street Address: ☐ Change: ☐ Addition: ☐

30. City, State, Zip: ☐ DELETE

30. City, State, Zip: ☐ Change: ☐ Addition: ☐

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY M. BERMAN

DATE

DATE

CR2E034 (12/95)