2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000007708

1. Entity Name
BERNSTEIN, MOSKOWITZ, KRAMER AND BENEZRA IPA, INC.

Principal Place of Business	Mailing Address
C/O MARC H AUERBACH 201 S BISCAYNE BLVD, STE 2000 MIAMI, FL 33131 US	C/O MARC H AUERBACH 201 S BISCAYNE BLVD, STE 2000 MIAMI, FL 33131 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01272004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0829445 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUERBACH, MARC H ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D ☐ Delete NAME BERNSTEIN, STANLEY M.D. STREET ADDRESS 2500 E HALLANDALE BEACH BLVD, STE QR CITY-ST-ZIP HALLANDALE, FL 33007	TITLE ☐ Change ☐ Addition NAME U00000121473 STREET ADDRESS 04/20/04-80053-022 150.00 CITY-ST-ZIP
TITLE D ☐ Delete NAME MOSKOWITZ, JEROME M.D. STREET ADDRESS 909 N MIAMI BEACH BLVD, #302 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33102	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D ☐ Delete NAME KRAMER, DAVID M.D. STREET ADDRESS 870 FISHERMAN STREET CITY-ST-ZIP OPALOCKA, FL 33054	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D ☐ Delete NAME BENEZRA, CLIFFONI M.D. STREET ADDRESS 2500 E HALLANDALE BEACH BLVD, STE QR CITY-ST-ZIP HALLANDALE, FL 33009	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #