

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000007708					
1. Entity Name BERNSTEIN, MOSKOWITZ, KRAMER AND BENEZRA IPA, INC.					
Principal Place of Business C/O MARC H AUERBACH 201 S BISCAYNE BLVD, STE 2000 MIAMI, FL 33131 US			Mailing Address 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		Country		01182005 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 AUERBACH, MARC H ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME BERNSTEIN, STANLEY M.D. STREET ADDRESS 2500 E HALLANDALE BEACH BLVD, STE QR CITY-ST-ZIP HALLANDALE, FL 33007	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11100010280430 03/30/05-80020-009 150.00	
TITLE D NAME MOSKOWITZ, JEROME M.D. STREET ADDRESS 909 N MIAMI BEACH BLVD, #302 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33102	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME KRAMER, DAVID M.D. STREET ADDRESS 870 FISHERMAN STREET CITY-ST-ZIP OPALOCKA, FL 33054	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME BENEZRA, CLIFFONI M.D. STREET ADDRESS 2500 E HALLANDALE BEACH BLVD, STE QR CITY-ST-ZIP HALLANDALE, FL 33009	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #					