


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90016 017 ***150.00

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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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	
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, STANLEY M.D. <input checked="" type="checkbox"/> Delete 2500 E HALLANDALE BEACH BLVD, STE QR HALLANDALE, FL 33007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec'y Leon Roth, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2500 Hallandale Beach Blvd., # QR Hallandale, FL 33007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSKOWITZ, JEROME M.D. <input type="checkbox"/> Delete 909 N MIAMI BEACH BLVD, #302 NORTH MIAMI BEACH, FL 33102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, DAVID M.D. <input type="checkbox"/> Delete 870 FISHERMAN STREET OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEZRA, CLIFFONI M.D. <input type="checkbox"/> Delete 2500 E HALLANDALE BEACH BLVD, STE QR HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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: _____ **2/2/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #