

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007708

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

200 S BISCAYNE BLVD. STE 3900
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

200 S BISCAYNE BLVD. STE 3900
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0829445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ.
200 S. BISCAYNE BLVD STE #3900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERNSTEIN, STANLEY M.D.
Address: 2500 E HALLANDALE BEACH BLVD, STE QR
City-St-Zip: HALLANDALE, FL 33007

Title: D () Delete
Name: MOSKOWITZ, JEROME M.D.
Address: 909 N MIAMI BEACH BLVD, #302
City-St-Zip: NORTH MIAMI BEACH, FL 33102

Title: D () Delete
Name: KRAMER, DAVID M.D.
Address: 870 FISHERMAN STREET
City-St-Zip: OPALOCKA, FL 33054

Title: D () Delete
Name: BENEZRA, CLIFFONI M.D.
Address: 2500 E HALLANDALE BEACH BLVD, STE QR
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROTH, LEON MD
Address: 2500 E. HALLANDALE BEACH BLVD., SUITE QR
City-St-Zip: HALLANDALE, FL 33007

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON ROTH, M.D.

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date