

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90002 039 ***150.00

DOCUMENT # P98000103087

1. Corporation Name

BERGE MARCARIAN, M.D., P.A.

Principal Place of Business

1760 SOUTH FIRST STREET
LAKE CITY FL 32025

Mailing Address

1760 SOUTH FIRST STREET
LAKE CITY FL 32025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1998

4. FEI Number

59-3544519

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6723 NW AMERICAN LN

2a. Mailing Address

26 P.O. Box 1359

Suite, Apt. #, etc.

22 SUITE #2

Suite, Apt. #, etc.

27

City & State

23 LAKE CITY, FL

City & State

28 LAKE CITY, FL

Zip

24 32055

Country

Zip

29 32056

Country

30 U.S.A

9. Name and Address of Current Registered Agent

MARCARIAN, BERGE M.D.
1760 SOUTH FIRST STREET
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name

MARCARIAN, BERGE, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

6723 NW AMERICAN LANE

83

SUITE #2

84

City LAKE CITY

FL

85

Zip Code 32055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

BERGE MARCARIAN

4/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARCARIAN, BERGE M.D.
STREET ADDRESS 1760 SOUTH FIRST STREET
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

MARCARIAN, BERGE M.D.
6723 NW AMERICAN LANE
SUITE #2
LAKE CITY, FL 32055

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)