
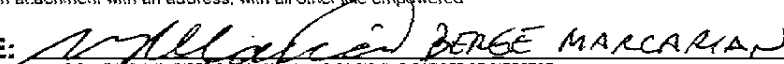


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103087		
1. Entity Name BERGE MARCARIAN, M.D., P.A.		
Principal Place of Business 4551 U. S. 90 WEST SUITE 101 LAKE CITY, FL 32055		Mailing Address PO BOX 1359 LAKE CITY, FL 32056
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARCARIAN, BERGE M.D. 4551 W. US 90, SUITE 101 LAKE CITY, FL 32055		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MARCARIAN, BERGE M.D.	
STREET ADDRESS	4551 U.S. 90 WEST, SUITE 101	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 lawfully empowered		
SIGNATURE: 		4/22/04 (386) 719-9993 <small>Date Daytime Phone #</small>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3544519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/22/04-80056-007 150.00

**DO NOT WRITE
IN THIS SPACE**