## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P98000103087  1. Entity Name   BERGE MARCARIAN, M.D., P.A.							0-4	04-11-2005 90162 046 ***150.00				
Principal Plac	e of Business	·	Mailin	g Address		l			1			
4551 U. S. 90 WEST				PO BOX 1359					, .			
SUITE 101 Lake City, FL 32055			LAKE	LAKE CITY, FL 32056								
DAKE GITT, F	L 32033								I IKAN SATER I		CORUN TEN	
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04072005	Chg-P	CR2E(	034 (10/03)			
City & State			City & State				4. FEI Number 59-3544!	510		<del></del>	oplied For ot Applicable	
Zip	ip Country		Zip	Zip Cot		try	5. Certificate of	•	\$8.75 Additional			
	6. Name	and Address of Curren	t Registere	ed Agent "	1		7. Name and A	ddress of New R	egistered .			
MADCADI	IAN DEDC	T N D				Name						
MARCARIAN, BERGE M.D. 4551 W. US 90, SUITE 101 LAKE CITY, FL 32055						Street Addres	ss (P.O. Box Number	is Not Acceptable	)			
						City			FL	Zip Cod	e	
8. The above the obligat	named entity tions of registe	submits this statement fered agent.	or the purp	ose of changing its	register	ed office or regis	stered agent, or both,	in the State of Flo	rida. I am	familiar with,	and accept	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·											
	Signature, typed o	or printed name of registered agen	nt and title if app	orcable. (NOT	E: Registere	d Agent signature requ	urred when reinstating)		DATE			
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12. Thereby 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 like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/8/05 (386/719-