

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 24 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V21838** (0)

1. Corporation Name

**DRS. WILBUR AND BERENFELD, M.D., P.A.**

*Dr. The Centre for Internal Medicine*

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
9850 STIRLING RD SUITE 103 FT LAUDERDALE FL 33024 - 8042 Cooper City		9850 STIRLING RD SUITE 103 FT LAUDERDALE FL 33024 - 8042 Cooper City	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/16/1992	03/21/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0320256	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
		7. This corporation has liability for intangible tax under S. 159.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILBUR, RICHARD J.  
9850 STIRLING RD  
SUITE 103  
FT LAUDERDALE FL 33024

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D. PRESIDENT</b>
NAME	WILBUR, RICHARD J.
STREET ADDRESS	9850 STIRLING RD #103
CITY - ST - ZIP	FT LAUDERDALE FL COOPER CITY 33024-8042
TITLE	<b>SECRETARY</b>
NAME	BERENFELD, SHARON
STREET ADDRESS	9850 STIRLING RD #103
CITY - ST - ZIP	COOPER CITY FL 33024-8042
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Richard J.
1.3 STREET ADDRESS	9850 Stirling Rd #103
1.4 CITY - ST - ZIP	Cooper City FL 33024-8042
2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Berenfeld Sharon
2.3 STREET ADDRESS	9850 Stirling Rd #103
2.4 CITY - ST - ZIP	Cooper City FL 33024-8042
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Richard J. Wilbur MD* 3/31/95 (1305) 4371570  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Richard J. WILBUR, M.D.