

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 535417

FILED  
Apr 02, 2011  
Secretary of State

**Entity Name:** MOISES GOLDSZMIDT, M.D., P.A.

**Current Principal Place of Business:**

1321 N.W. 14 STREET, STE. 407  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

1321 N.W. 14 STREET, STE. 407  
MIAMI, FL 33125 US

**New Mailing Address:**

FEI Number: 59-1736315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOTTLIEB, BRUCE M  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GOLDSZMIDT, MOISES  
Address: 1321 N.W. 14 STREET, SUITE 407  
City-St-Zip: MIAMI, FL 33125

I hereby 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 all other like empowered.

SIGNATURE: MOISES GOLDSZMIDT

PRES

04/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date