

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **602496** (2)

95 FEB -9 AM 11:28

1. Corporation Name  
**DR. BERNARD GOLDSTEIN, P.A.**

Principal Place of Business Mailing Address  
**3000 MEDICAL PARK DR TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/29/1970** 3a. Date of Last Report **03/15/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **13615 Bruce B. Downs Blvd** 26 **13615 Bruce B. Downs Blvd** 4. FEI Number **59-1305394** Applied For Not Applicable  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 112** 27 **Suite 112** 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
City & State City & State  
23 **Tampa, Florida** 28 **Tampa, Florida** 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
Zip Country Zip Country  
24 **33613** 25 **Hillsborough** 30 **Hillsborough** 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**GOLDSTEIN, BERNARD** 81 Name  
**3000 MEDICAL PK DR #112** 82 Street Address (P.O. Box Number is Not Acceptable) **13615 Bruce B. Downs Blvd 112**  
**TAMPA FL 33612** 83  
84 City **Tampa,** FL 85 Zip Code **33613**

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 their signature) (NOTE: Registered Agent Signature Required when Resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, BERNARD	1.2 NAME	
STREET ADDRESS	3000 MEDICAL PK DR #112	1.3 STREET ADDRESS	13613 Bruce B. Downs Blvd. 112
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	Tampa, Fl. 33613
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ARNOLD	2.2 NAME	
STREET ADDRESS	3000 MEDICAL PK DR #112	2.3 STREET ADDRESS	13613 Bruce B. Downs Blvd. 112
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	Tampa, Fl 33613
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(b), 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 addition.

SIGNATURE: *[Signature]* **BERNARD GOLDSTEIN**  
813-920-994 x 920-3338  
DATE: \_\_\_\_\_