



# licenselogix.

Streamlined Business Licensing

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August 5, 2021

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303  
Ph: 850-245-6050

Re: **Goldman Pharmaceutical Group Inc.**  
**Foreign Qualification (Name Change)**

To Whom It May Concern:

Enclosed please find a check for the amount of \$35.00, **Foreign Qualification (Name Change)** for our client, **Goldman Pharmaceutical Group Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the renewal application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix  
140 Grand Street, Suite 300  
White Plains, NY 10601  
[TeamPine@licenselogix.com](mailto:TeamPine@license<span>logix</span>.com)  
(800) 292-0909

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Goldman Pharmaceutical Group inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F17000002073

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexis Hanrahan

\_\_\_\_\_  
Name of Contact Person

LicenseLogix

\_\_\_\_\_  
Firm/Company

140 Grand St. Suite 300

\_\_\_\_\_  
Address

White Plains, NY 10601

\_\_\_\_\_  
City/State and Zip Code

william@goldmanpharma.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Hanrahan

at ( 800 ) 292-0909 x439

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F17000002073

\_\_\_\_\_  
(Document number of corporation (if known))

1. Goldman Pharmaceutical Group inc.  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)
2. New York 3. 05/04/2017  
\_\_\_\_\_  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 07/07/2021
5. Goldman Veterinary Source Inc.  
\_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration. \_\_\_\_\_  
n/a  
\_\_\_\_\_  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. \_\_\_\_\_  
n/a  
\_\_\_\_\_  
(New jurisdiction)
8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**
- Name of New Registered Agent n/a \_\_\_\_\_  
\_\_\_\_\_  
(Florida street address)
- New Registered Office Address: n/a \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
n/a	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove

Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William Berman

President

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**

July 11, 2021 12:10 pm

**COVID-19 Updates**

The COVID-19 vaccine is here. It is safe, effective and free. Walk in to get vaccinated at sites across the state. Continue to mask up and stay distant where directed.

[GET THE FACTS >](#)

**Department of State  
Division of Corporations**

**Entity Information**



Entity Details

<b>ENTITY NAME:</b> GOLDMAN VETERINARY SOURCE INC	<b>DOS ID:</b> 4971133
<b>FOREIGN LEGAL NAME:</b>	<b>FICTITIOUS NAME:</b>
<b>ENTITY TYPE:</b> DOMESTIC BUSINESS CORPORATION	<b>DURATION DATE/LATEST DATE OF DISSOLUTION:</b>
<b>SECTION OF LAW:</b> 402 BCL - BUSINESS CORPORATION LAW	<b>ENTITY STATUS:</b> Active
<b>DATE OF INITIAL DOS FILING:</b> 06/30/2016	<b>REASON FOR STATUS:</b>
<b>EFFECTIVE DATE INITIAL FILING:</b> 06/30/2016	<b>INACTIVE DATE:</b>
<b>FOREIGN FORMATION DATE:</b>	<b>STATEMENT STATUS:</b> CURRENT
<b>COUNTY:</b> Suffolk	<b>NEXT STATEMENT DUE DATE:</b> 06/30/2022
<b>JURISDICTION:</b> New York, United States	<b>NFP CATEGORY:</b>

ENTITY DETAILS

Shareholder Information

**Name:** C/O MICHAEL B SCHULMAN & ASSOCIATES, PC  
**Address:** 225 BROADHOLLOW ROAD, SUITE 205E, MELVILLE, NY, United States, 11747

Authorized Officer Information

**Name:** WILLIAM BERMAN  
**Address:** 1347 LINCOLN AVE SUITE 11, HOLBROOK, NY, United States 11741

Authorized Officer Information

**Name:**  
**Address:**

Authorized Officer Information

**Name:**  
**Address:**

Authorized Officer Information

**Name:**  
**Address:**

Entity Information

**Is The Entity A Farm Corporation:** No

Entity Information

<b>Shareholder</b>	<b>Number of Shares</b>	<b>Percentage of Shares</b>
NO PAR VALUE	200	



STATE OF NEW YORK  
DEPARTMENT OF STATE

ONE COMMERCE PLAZA  
99 WASHINGTON AVENUE  
ALBANY, NY 12231-0001  
WWW.DOS.NY.GOV

ANDREW M. CUOMO  
GOVERNOR

ROSSANA ROSADO  
SECRETARY OF STATE

Filer: ALEXIS HANRAHAN, LICENSELOGIX  
140 GRAND ST, STE 300  
WHITE PLAINS, NY, 10601, USA

Your document has been filed by the Department of State.

We have attached the official filing receipt and related document(s) for the following entity:

**DOS ID:** 4971133  
**Entity Name:** GOLDMAN VETERINARY SOURCE INC.  
**Statement Due Date:** 06/30/2022

- Retain this letter and attachment(s) for your records. The Department of State does not mail additional copies of the filing receipt or related attachment(s).
- Business Corporations are required to file a Biennial Statement with the Department of State. To receive an email notice when the Biennial Statement is due, provide an email address at the Department of State's Email Address Submission/Update Service: <https://apps.dos.ny.gov/eBiennialWeb/>.
- You may obtain a Federal Employer Identification Number(EIN) from the Internal Revenue Service(IRS). You must obtain an EIN to identify your business to the IRS and the New York State Department of Taxation and Finance. Visit <https://www.irs.gov>, for more information.
- Report your EIN by phone to the Department of Taxation and Finance at 518-485-6027, Monday through Friday between 8:30 a.m. and 4:30 p.m.

**Contact Information**

- Department of State: Email the Division of Corporations at [corporations@dos.ny.gov](mailto:corporations@dos.ny.gov).
- Department of Taxation and Finance: Visit <https://www.tax.ny.gov/help/contact> for self-help options and telephone numbers.



Department  
of State



NEW YORK STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE  
**FILING RECEIPT**

ENTITY NAME : GOLDMAN VETERINARY SOURCE INC.  
DOCUMENT TYPE : CERTIFICATE OF AMENDMENT  
ENTITY TYPE : DOMESTIC BUSINESS CORPORATION

DOS ID : 4971133  
FILE DATE : 07/07/2021  
FILE NUMBER : 210707002804  
TRANSACTION NUMBER : 202107070003036-33322  
EXISTENCE DATE : 06/30/2016  
DURATION/DISSOLUTION : PERPETUAL  
COUNTY : SUFFOLK



SERVICE OF PROCESS ADDRESS : C/O MICHAEL B. SCHULMAN & ASSOCIATES, P.C.  
225 BROADHOLLOW ROAD, SUITE 205E  
MELVILLE, NY, 11747, USA  
FILER : ALEXIS HANRAHAN, LICENSELOGIX  
140 GRAND ST, STE 300,  
WHITE PLAINS, NY, 10601, USA

You may verify this document online at : <http://ecorp.dos.ny.gov>  
AUTHENTICATION NUMBER : 100000070881

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TOTAL FEES:	\$85.00	TOTAL PAYMENTS RECEIVED:	\$85.00
FILING FEE:	\$60.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$0.00	CREDIT CARD:	\$85.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$0.00
EXPEDITED HANDLING:	\$25.00	REFUND DUE:	\$0.00

July 15, 2021 1:12 pm

**COVID-19 Updates**

The COVID-19 vaccine is here. It is safe, effective and free.  
 Walk in to get vaccinated at sites across the state.  
 Continue to mask up and stay distant where directed.  
 GET THE FACTS >

## Department of State

### Division of Corporations

#### Entity Name History

[Return to Results](#)
[Return to Search](#)

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<b>COUNTY:</b> Suffolk	<b>NEXT STATEMENT DUE DATE:</b> 06/30/2022
<b>JURISDICTION:</b> New York, United States	<b>NFP CATEGORY:</b>

## NAME HISTORY

## Search

File Date	Document Type	Entity Name	File Number
06/30/2016	CERTIFICATE OF INCORPORATION	GOLDMAN PHARMACEUTICAL GROUP INC.	150630000262
07/07/2021	CERTIFICATE OF AMENDMENT	GOLDMAN VETERINARY SOURCE INC.	210707002804

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