

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000049365

**Entity Name:** STEVEN GOODFRIEND MD, P.A.

**Current Principal Place of Business:**

16 MARIA PLACE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

16 MARIA PLACE  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number: 46-2931258**

**Certificate of Status Desired: No**

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

GOODFRIEND, STEVEN  
16 MARIA PLACE  
PONTE VEDRA BEACH, FL 32082 US

*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

**Officer/Director Detail :**

Title            D/P  
Name            GOODFRIEND, STEVEN  
Address        16 MARIA PLACE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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: STEVEN GOODFRIEND**

**MD**

**01/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date