

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 13 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 535417

1. Entity Name  
MOISES GOLDSZMIDT, M.D., P.A.



Principal Place of Business  
10151 NW 14TH ST  
STE 140  
MIAMI, FL 33136 US

Mailing Address  
1051 NW 14TH ST  
STE 140  
MIAMI, FL 33136 US

2. Principal Place of Business - No P.O. Box #  
1321 N.W. 14 Street

3. Mailing Address  
1321 N.W. 14 Street

Suite, Apt. #, etc.  
Suite 407

Suite, Apt. #, etc.  
Suite 407

City & State  
Miami, FL

City & State  
Miami, FL

Zip Country  
33125

Zip Country  
33125

01242007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-1736315

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GOLDSZMIDT, MOISES  
STREET ADDRESS 3711 PINE TREE DRIVE  
CITY-ST-ZIP MIAMI BCH, FLA 33140, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300093705593  
03/19/07--01002--011 \*\*200.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M.A.*  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 307-328-5229  
Date Daytime Phone #