

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 565007

FILED
Jan 28, 2009
Secretary of State

Entity Name: SHELDON GOODMAN, D.D.S., P.A.

Current Principal Place of Business:

7797 N. UNIVERSITY DR. STE 106
STE. 201
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

C/O HMD
16100 NE 16 AVE
NO MIAMI BCH, FL 33162 US

New Mailing Address:

C/O HMD
1557 NE 164 STREET STE 201
NO MIAMI BCH, FL 33162 US

FEI Number: 59-1786355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, SHELDON
7797 N. UNIVERSITY DR. STE 201
201
TAMARAC, FL 33321 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODMAN, SHELDON J DR.
Address: 7797 NORTH UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID HIXSON

CPA

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date