2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG -6 AM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600883

1. Entity Name
GOODMAN CARDIOPULMONARY ASSOCIATES, M.D., P.A.

01/22/07 90188 015 $100.00

Principal Place of Business	Mailing Address
333 NW 70 AVE STE 116 FT LAUDERDALE, FL 33317	333 NW 70 AVE STE 116 FT LAUDERDALE, FL 33317

01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1233717

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KERSH, ROBERT I
333 NW 70 AVE STE 116
FT LAUDERDALE, FL 33317

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD
NAME	KERSH, ROBERT I
STREET ADDRESS	333 NW 70 AVE STE 116
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VSD
NAME	BUHLER, ALAN S
STREET ADDRESS	333 NW 70 AVE STE 116
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	SHULMAN, JOEL S
STREET ADDRESS	333 NW 70 AVE STE 116
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000107E83720
08/10/07--01049--007 **50.00

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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: _____ MD ROBERT KERSH 7/19/07 954-581-6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #