

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602116 (6)

1. Corporation Name

NELSON C. GOLDMAN, M.D., P.A.



Principal Place of Business

3550 UNIVERSITY BLVD S
SUITE 207
JACKSONVILLE FL 32216

Mailing Address

3550 UNIVERSITY BLVD S
SUITE 207
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

GOLDMAN, NELSON C
3550 UNIVERSITY BLVD. S
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/27/1970

3a. Date of Last Report

02/28/1995

4. FDI Number

59-1301527

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person performing the registration and filing of this statement

(607.1506 Registered Agent Signature required by Chapter 607, Florida Statutes)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDMAN, NELSON C
STREET ADDRESS 3550 UNIVERSITY BLVD., S.
CITY-STATE-ZIP JACKSONVILLE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

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