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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **602496** (2)

1. Corporation Name
DR. BERNARD GOLDSTEIN, P.A.

95 FEB -9 AM 11:28

Principal Place of Business Mailing Address
3000 MEDICAL PARK DR TAMPA FL 33613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/29/1970** 3a. Date of Last Report **03/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **13615 Bruce B. Downs Blvd** 26 **13615 Bruce B. Downs Blvd** 4. FEI Number **59-1305394** Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable
22 **Suite 112** 27 **Suite 112** 5. Certificate of Status Desired \$8.75 Additional
City & State City & State Fee Required
23 **Tampa, Florida** 28 **Tampa, Florida** 6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax under S. 199.032,
24 **33613** 25 **Hillsborough** 30 **Hillsborough** Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GOLDSTEIN, BERNARD 81 Name
3000 MEDICAL PK DR #112 82 Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33612 **13615 Bruce B. Downs Blvd 112**
83
84 City **Tampa,** FL 85 Zip Code **33613**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and their signature) (NOTE: Registered Agent Signature Required when Resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GOLDSTEIN, BERNARD 3000 MEDICAL PK DR #112 TAMPA, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13613 Bruce B. Downs Blvd. 112 Tampa, Fl. 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLDMAN, ARNOLD 3000 MEDICAL PK DR #112 TAMPA, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13613 Bruce B. Downs Blvd. 112 Tampa, Fl 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNARD GOLDSTEIN
Date: **2-2-94** Telephone: **813-920-3338**