

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90372 028 \*\*\*150.00

**DOCUMENT # 602787**

1. Entity Name  
**B. AMIKAM, M.D., A. ZIGHELBOIM M.D., R.E. NIEMAN  
, JR., M.D., AND R.M. GOODMAN, M.D., P.A.**



Principal Place of Business  
**21110 BISCAYNE BLVD  
STE 303  
AVENTURA FL 33180  
US**

Mailing Address  
**21110 BISCAYNE BLVD.  
SUITE 303  
AVENTURA FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1322663**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**COLODNEY, MICHAEL  
626 NE 124TH ST.  
N. MIAMI FL 33161**

**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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ZIGHELBOIM, ABRAHAM</b>	
STREET ADDRESS	<b>21110 BISCAYNE BLVD 303</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEIMAN, ROLAND</b>	
STREET ADDRESS	<b>21110 BISCAYNE BLVD 303</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, RICHARD</b>	
STREET ADDRESS	<b>21110 BISCAYNE BLVD 303</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Richard Goodman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/9/03*  
Date

Daytime Phone #

CR2E034 (10/02)