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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham _

Secretary of State DIVISION OF CORPORATIONS

C

1996

DOCUMENT # Corporation Name

KENNETH J. GOLDBERG, M.D., P.A.

Principal Place of Business Mailing Address

Country

320 SOUTH FEDERAL HWY HOLLYWOOD FL 33020

Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

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2a. Mailing Address

City & State

Zip

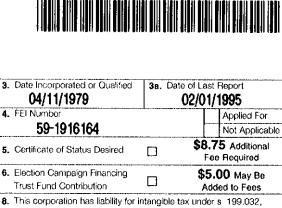
Suite, Apt. #, etc.

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320 SOUTH FEDERAL HWY HOLLYWOOD FL 33020



24	Ζιρ	25	21D 29	30	intry		1	corporation has li la Statutes	ability for into		iders 199.	032,		
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent								
	COLDBEDO VEN	MITTIL I AND			81	Name [ELL	A MOSE	R G	sho be	RG_			
GOLDBERG, KENNETH J.,M.D. 3921 N 37TH AVE HOLLYWOOD FL 33021						Street Addres	ss (P.O. Bó 12/	x Number is Ny N ろフ	Arentable)					
							feller	WOOD	~ <i>O</i>					
					84	City	, ,		X330	√ FL [®]				
11.	of registered agent, or	both, in the Sta pt the obligation	s 607,0502 and 607,1508, Fic ate of Florida. Such change w ns of, Section 607,0505, Flori	vas author ize d by the c	corpo	ration's board	of director	s this statement f s. I hereby accep	t the appoin	se of changir tment as reg	ig its registe stered ager	ered office it. I am		

ella J. Moser-Goldberg May S, 1996 CR2E034 (12/95) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (131) TITLE DELETE 1. 1 TITLE Change Addition GOLDBERG, KENNETH J. NAME 1.2 NAME 320 SOUTH FEDERAL HWY. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE TT DELETE 2 1 TITLE ☐ Change Addition **GOLDBERG, LOUIS** NAME 2.2 NAME 4460 HILLCREST DRIVE STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZiP 24 CITY - ST - ZIP TITLE 3 1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-2IP 3.4 CHY-ST-ZIP Change Add-tion TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TT DELETE TITLE 5 1 TITLE 10000183395°T°° -05/22/96--01020--028 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***200.00 CITY-ST-ZIP 5.4 C-TY-ST-7IP DELETE TITLE 6 1 TITLE ☐ Change ☐ Add-tion NAME 6.2 NAME

6.4 C/TY-ST-ZIP 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)(k). 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 on an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone 4