

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686155

FILED  
Jan 10, 2011  
Secretary of State

Entity Name: STEPHEN A. GOLDMAN, M.D., P.A.

**Current Principal Place of Business:**

5723 HIGH STREET  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5723 HIGH STREET  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

FEI Number: 59-2035079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDMAN, STEPHEN A. M.D.  
5723 HIGH STREET  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

GOLDMAN, STEPHEN A. M.D.  
6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: GOLDMAN, STEPHEN A  
Address: 6633 FOREST AVENUE, SUITE 302  
City-St-Zip: NEW PT RICHEY, FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN A. GOLDMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/10/2011

\_\_\_\_\_  
Date