

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90846 005 ***150.00

DOCUMENT # 688243

1. Entity Name

JOEL H. GOLDBERG D.M.D., P.A.

Principal Place of Business

Mailing Address

**6640 EMBASSY BLVD
 SUITE 1
 PORT RICHEY FL 34668**

**6640 EMBASSY BLVD
 SUITE 1
 PORT RICHEY FL 34668-4737**

00093140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2022255**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRENCE, ALFRED W
 6645 RIDGE ROAD
 PORT RICHEY FL 33568**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD GOLDBERG, JOEL H DMD**
 STREET ADDRESS **6640 EMBASSY BLVD**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

Joel H. Goldberg, DMD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)