

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688243

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: JOEL H. GOLDBERG D.M.D., P.A.

**Current Principal Place of Business:**

6640 EMBASSY BLVD  
SUITE 1  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

6640 EMBASSY BLVD  
SUITE 1  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 59-2022255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

TORRENCE, ALFRED W  
6645 RIDGE ROAD  
PORT RICHEY, FL 34668      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: ALFRED W TORRENCE JR      04/28/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: GOLDBERG, JOEL H DMD  
Address: 6640 EMBASSY BLVD  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOEL H GOLDBERG DMD      PD      04/28/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date