

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688243

FILED
Feb 27, 2007
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

Current Mailing Address:

6640 EMBASSY BLVD
SUITE 1
PORT RICHEY, FL 34668

FEI Number: 59-2022255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

6640 EMBASSY BLVD
SUITE 1
PORT RICHEY, FL 34668 US

New Mailing Address:

6640 EMBASSY BLVD
SUITE 1
PORT RICHEY, FL 34668 US

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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

_____ 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 Chapter 119, 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

PRES

02/27/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date