

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F56032

1. Entity Name

DAVID H. GOLDSTEIN, M.D., P.A.

FILED

02 SEP 12 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600007834276--7

-09/18/02--01067--034

****550.00 ****550.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

2919 Swann Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Ste. 202

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33609

Country

USA

Zip

Country

4. FEI Number

59-2121240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David Goldstein

Street Address (P.O. Box Number is Not Acceptable)

2919 Swann Avenue

Ste. 202

City

Tampa,

FL

Zip Code
33609

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IN THIS SPACE**

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)

9/11/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Goldstein, David
2919 Swann Avenue, Ste. 202
Tampa, FL 33609

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Goldstein, President

9/11/02

813/879-7726

Date

Daytime Phone #

CR2E034B (12/01)