

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90002 042 ***150.00

DOCUMENT # F56032 1. Entity Name DAVID H. GOLDSTEIN, M.D., P.A.																													
Principal Place of Business 2919 SWANN AVE SUITE 202 TAMPA, FL 33609			Mailing Address 2919 SWANN AVE SUITE 202 TAMPA, FL 33609																										
2. Principal Place of Business 775 LONGBOAT CLUB RD. Suite, Apt. #, etc. # 405 City & State LONGBOAT KEY, FL Zip 34228 Country USA		3. Mailing Address 775 LONGBOAT CLUB RD. Suite, Apt. #, etc. # 405 City & State LONGBOAT KEY, FL Zip 34228 Country USA		5022006 Chg-P CR2E034 (11/05) 																									
4. FEI Number 59-2121240				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GOLDSTEIN, DAVID 2919 SWANN AVE., SUITE 202 TAMPA, FL 33609																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 775 LONGBOAT CLUB RD., # 405 City LONGBOAT KEY FL Zip Code 34228				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
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