

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90088 009 ***150.00

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04242008 Chg-P CR2E034 (12/06)

DOCUMENT # F56032 1. Entity Name DAVID H. GOLDSTEIN, M.D., P.A.					
Principal Place of Business 20110 GULF BOULEVARD SUITE 201 INDIAN SHORES, FL 33785			Mailing Address 20110 GULF BOULEVARD SUITE 201 INDIAN SHORES, FL 33785		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 775 LONGBOAT CLUB ROAD # 307			
City & State 		City & State LONGBOAT KEY, FLORIDA		4. FEI Number 59-2121240	
Zip 	Country 	Zip 34228	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDSTEIN, DAVID H 20110 GULF BOULEVARD SUITE 201 INDIAN SHORES, FL 33785				7. Name and Address of New Registered Agent 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. 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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN, DAVID 20110 GULF BOULEVARD, STE. 201 INDIAN SHORES, FL 33785 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

04/25/08

DR. David Goldstein