2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F69923 R

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00064862

DO NOT WRITE IN THIS SPACE

1. Entity Name

David Goldman, D.C., P.A.

Principal Place of Business	Mailing Address
5761 S.W. 13th. St. Plantation, Fl. 33317	same

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-2178141 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Wolland, Frank, Esq.
12865 West Dixie Highway
North Miami, Fl. 33164

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.

SIGNATURE: ______ typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Goldman, David 5761 S.W. 13th. St. Plantation, Fl. 33317 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DR. DAVID GOLDMAN D.C.,P.A.
7420 NW 5th ST. SUITE 107
PLANTATION, FLORIDA 33317
TAX IDENTIFICATION #592178141

April 4, 2000

Secretary of State of Florida
Division of Corporations
409 E. Gaines St.
Tallahassee, Florida 32399

To Whom It May Concern:

This letter is in response to my phone conversation on March 16, 2000. During that conversation I informed someone in your department that I had not received an annual report for my corporation for 2000. During this conversation I was told a duplicate would be sent.

As of this date I still have not received anything from your office. Please send as soon as possible. It is my understanding that it is due 5-1-00. Please respond A.S.A.P. Thank you for your attention.

Sincerely,

Dr David Goldman