FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F86819** **(2)**

1. Corporation Name

DAVID M. BERNSTEIN AND JACOB H. GOLDBERGER, M.D. S., P.A.

Principal Place of Business	Mailing Address
2665 OAK RIDGE COURT FT. MYERS FL 33901-6773	2665 OAK RIDGE COURT FT. MYERS FL 33901-6773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1982	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2191885	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2675 Winkler Avenue	26 2675 Winkler Avenue
Suite, Apt. #, etc. 22 Suite 490	Suite, Apt. #, etc. 27 Suite 490
City & State 23 Fort Myers, Florida	City & State 28 Fort Myers, Florida
Zip / Country 24 33901-9342 25 Lee	Zip / Country 29 33901-9342 30 Lee

9. Name and Address of Current Registered Agent

BERNSTEIN, DAVID M., M.D.
2665 OAK RIDGE COURT
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2675 Winkler Avenue

83
Suite 490

84 City
Fort Myers, Florida **FL**

85 Zip Code
33901-9342

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	BERNSTEIN, DAVID M	12 NAME		
STREET ADDRESS	380 KEENON AVENUE	13 STREET ADDRESS	380 Keenan Avenue	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	Fort Myers, Florida 33907	
TITLE	D	21 TITLE	ST	☒ Change ☐ Addition
NAME	GOLDBERGER, JACOB H	22 NAME		
STREET ADDRESS	1220 KASAMADA	23 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	Fort Myers, Florida 33919	
TITLE		31 TITLE	VP	☐ Change ☒ Addition
NAME		32 NAME	Sadighi, Abraham	
STREET ADDRESS		33 STREET ADDRESS	5427 Harbour Castle Drive	
CITY-ST-ZIP		34 CITY-ST-ZIP	Fort Myers, Florida 33907	
TITLE		41 TITLE	VP	☐ Change ☒ Addition
NAME		42 NAME	Kokal, William A.	
STREET ADDRESS		43 STREET ADDRESS	2675 Winkler Avenue, Suite 490	
CITY-ST-ZIP		44 CITY-ST-ZIP	Fort Myers, Florida 33901-9342	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] Vice president 04/12/96 (813) 275-6659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0319649 CP