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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F86819** (2)
1. Corporation Name
**DAVID M. BERNSTEIN AND JACOB H. GOLDBERGER, M.D.
S., P.A.**



Principal Place of Business Mailing Address
2675 WINKLER AVENUE
STE 490
FT. MYERS FL 33901-9342
US

3. Date Incorporated or Qualified **07/01/1982** 3a. Date of Last Report **01/30/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2191885** Applied For
Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, DAVID M., M.D.
2675 WINKLER AVENUE
STE 490
FT. MYERS FL 33901

81 Name **Brian D. Kuland** Void
82 Street Address (P.O. Box Number is Not Acceptable)
2675 Winkler Ave # 490
83
84 City **St. Myers** FL 85 Zip Code **33901**

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BERNSTEIN, DAVID M**
STREET ADDRESS **380 KEENON AVENUE**
CITY-ST-ZIP **FT MYERS FL**

1.1 TITLE **V.P.** ☐ Change ☒ Addition
1.2 NAME **Brian D. Kuland,**
1.3 STREET ADDRESS **2675 Winkler Ave # 490**
1.4 CITY-ST-ZIP **St. Myers, FL 33901**

TITLE **ST** ☐ DELETE
NAME **GOLDBERGER, JACOB H**
STREET ADDRESS **1220 KASAMADA**
CITY-ST-ZIP **FT MYERS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **SADIGHI, ABRAHAM**
STREET ADDRESS **5427 HARBOUR CASTLE DR**
CITY-ST-ZIP **FT. MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **KOKAL, WILLIAM A.**
STREET ADDRESS **2675 WINKLER AVENUE, SUITE 490**
CITY-ST-ZIP **FT. MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/97 (941) 275-6659
Date Daytime Phone

0396722

CR2E034 (9/96)