04271999-90119-041-$150.00-$150.00

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90119 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F86819**

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	2675 WINKLER AVENUE STE 490 FT. MYERS FL 33421 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1982

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Abraham Sadighi, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 2675 Winkler Avenue
83 Suite 490
84 City: Ft. 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: Abraham Sadighi,M.D. (V.P.) [signature] DATE: 03/22/99
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	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KURLAND, BRIAN		1.2 NAME		
STREET ADDRESS	2673 WINKLER AVE #490		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDBERGER, JACOB H		2.2 NAME		
STREET ADDRESS	1220 KASAMADA		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SADIGHI, ABRAHAM		3.2 NAME		
STREET ADDRESS	5427 HARBOUR CASTLE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOKAL, WILLIAM A.		4.2 NAME		
STREET ADDRESS	2675 WINKLER AVENUE, SUITE 490		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] 3/22/99 (941) 275-6659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #