

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86819

FILED
Mar 28, 2005
Secretary of State

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

Current Principal Place of Business:

2675 WINKLER AVENUE
STE 490
FT. MYERS, FL 339019342 US

New Principal Place of Business:

Current Mailing Address:

2675 WINKLER AVENUE
STE 490
FT. MYERS, FL 93421 US

New Mailing Address:

FEI Number: 59-2191885 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SADIGHI, MD, ABRAHAM
2675 WINKLER AVE
STE 490
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SADIGHI, ABRAHAM
Address: 2675 WINKLER AVE #490
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: GOLDBERGER, JACOB H.
Address: 2675 WINKLER AVENUE, SUITE 490
City-St-Zip: FT MYERS, FL 33901

Title: VP () Delete
Name: KOKAL, WILLIAM A. MD
Address: 2675 WINKLER AVENUE, SUITE 490
City-St-Zip: FT. MYERS, FL

Title: VP () Delete
Name: D'ANGELO, ANTHONY J MD
Address: 2675 WINKLER AVENUE, SUITE 490
City-St-Zip: FT. MYERS, FL 33901

Title: VP () Delete
Name: DYKE, VALARIE
Address: 2675 WINKLER AVE STE 490
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM SADIGHI

DR.

03/28/2005

Electronic Signature of Signing Officer or Director

Date