DOCUMENT # F99000005035

1. Entity Name

DR. JERROLD B. GOLDSTEIN, P.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 AM 11:32

DO NOT WRITE IN THIS SPACE

Principal Place of Business

200 Glades Rd Suite 1
Boca Raton, Fl 33432

Mailing Address

475 MORRIS AVENUE
SPRINGFIELD NJ 07081

2. Principal Place of Business

Boca Raton, Florida
200 Glades Road
Boca Raton Florida
33432

3. Mailing Address: SAME

Suite, Apt. #, etc.: As Above

City & State

Zip

Country

4. FEI Number: 22-3375486

Applied For / Not Applicable

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

Registered Agent

GOLDSTEIN, JERROLD DR.
200 GLADES ROAD, SUITE I
BOCA RATON FL 33432

Dr Jerrold Goldstein
200 Glades Road Suite 1
Boca Raton, FL 33432

8. ... its registered office or registered agent, or both, in the State of Florida. 33432

SIGNATURE: Dr Jerrold B Goldstein

(NOTE: Registered Agent signature required when reinstating)

DATE: 9-13-00

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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

TITLE	PCD	☐ Delete
NAME	GOLDSTEIN, JERROLD B DR.	
STREET ADDRESS	475 MORRIS AVENUE	
CITY-ST-ZIP	SPRINGFIELD NJ 07081	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (5/00)

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 REQUIRED Dr Jerrold B. Goldstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(908) 276-1037
Daytime Phone #