FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # G59993 1. Entity Name				05-13-2002 90161 012 ***150.00	
HERBERT GOLDSTEIN, PH.D., P.A.					
DO NOT-WRITE IN THIS SPACE					
2. Principal Place of		3. Mailing Address			
5338 FIRST AVENUE NORTH Suite, Apt. #, etc.		5338 FIRST AVENUE NORTH Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		4. FEI Number 59–2321790	Applied For Not Applicable
Zip 33710	Country US	Zip 33710	Country US	5. Certificate of Status Desired \$	8.75 Additional
/ 1978 A 1977				7. Name and Address of Current Registered A	e Required
的一个大大				TEIN, HERBERT, PH.D.	
Street Address (P.O. Box Number is Not Acceptable)					
			FIRST AVENUE NORTH		
	Sept.		City ST. P	ETERSBURG FL 3	Zip Code
SIGNATURE	entity submits this statement fo			ed agent, or both, in the State of Florida.	
· · · · · · · · · · · · · · · · · · ·		let yeard on early group. These or another other according	(NOTE: Registered Agent signature required	when reinstating) DATE	
9. This corporation is Tax filing requiren (See criteria on ba	s eligible to satisfy its Intangible nent and elects to do so. ack)	建物并发生等 16 的 AITEI 。	ile May/1 Fee (15 6150100) May/1, Fee (15 550000) Inded UBR (15 61225) ayable (10 Department of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11,	OFFICERS AND I				
CITY-ST-ZIP 533	DSTEIN, HERBERT, 8 FIRST AVENUE N	ORTH	TITLE NAME STREET ADDRESS CITY ST - ZIP		34B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETERSBURG, FL	33/10	IIILI NAME STREE ADDRESS		CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		×.	TITLE! MAME STREET ADDRESS CITY ST ZIP	DØ NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS O	IN THIS SPACE	CONTRACTOR AND
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME NAME STRET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY- S1-ZIP	t the information supplied with t		TITLE NAME STREET ADDRESS CITY: \$172P		

Thereby Certify that the information supplied with this filling 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 on an attachment with an address with all offer the empowered.

SIGNATURE: à

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 (727) 344-2400

Daytime Phone #