

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90057 047 ***150.00

DOCUMENT # G59993 1. Entity Name HERBERT GOLDSTEIN, PH.D, P.A.																											
Principal Place of Business 5338 FIRST AVE. NORTH ST PETERSBURG, FL 33710 US		Mailing Address 5338 FIRST AVE. NORTH ST PETERSBURG, FL 33710 US																									
2. Principal Place of Business - No P.O. Box # 1135 So. PASADENA AVE		3. Mailing Address 1135 So. PASADENA AVE																									
Suite, Apt. #, etc. # 312		Suite, Apt. #, etc. # 312																									
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL																									
Zip 33707		Zip 33707																									
Country USA		Country USA																									
4. FEI Number 59-2321790		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GOLDSTEIN, HERBERT, PH.D. 5338 FIRST AVENUE NORTH ST PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name HERBERT GOLDSTEIN, Ph.D. Street Address (P.O. Box Number is Not Acceptable) 1135 So. PASADENA AVE #312 City ST. PETERSBURG FL Zip Code 33707																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE HERBERT GOLDSTEIN, Ph.D.  1/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOLDSTEIN, HERBERT PHD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5338 FIRST AVENUE NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SAINT PETERSBURG, FL 33710</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	GOLDSTEIN, HERBERT PHD		STREET ADDRESS	5338 FIRST AVENUE NORTH		CITY - ST - ZIP	SAINT PETERSBURG, FL 33710		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">PRESIDENT</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HERBERT GOLDSTEIN, Ph.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1135 So. PASADENA AVE #312</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST. PETERSBURG, FL 33707</td> <td></td> </tr> </table>		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HERBERT GOLDSTEIN, Ph.D.		STREET ADDRESS	1135 So. PASADENA AVE #312		CITY - ST - ZIP	ST. PETERSBURG, FL 33707	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE:  HERBERT GOLDSTEIN, Ph.D. 1/30/07 727 344-3400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											

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