

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H28074

(3)

1. Corporation Name

RICHARD I. GOLDBERGER, M.D., P.A.



Principal Place of Business

% RICHARD I. GOLDBERGER
5106 N ARMENIA AVE., SUITE 4
TAMPA FL 33603

Mailing Address

% RICHARD I. GOLDBERGER
5106 N ARMENIA AVE., SUITE 4
TAMPA FL 33603

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/01/1984

3a. Date of Last Report
01/24/1995

4. FEI Number

59-2457754

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

GOLDBERGER, RICHARD I.
5106 N ARMENIA AVE
SUITE 4
TAMPA FL 33603

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the individual)

Signature of Registered Agent (must be signed by the individual)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

13.

NAME

PD
GOLDBERGER, RICHARD I.
5106 N ARMENIA AVE #4
TAMPA FL

☐ DELETE

1. TITLE

☐ Change

☐ Addition

NAME

12. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY, ST, ZIP

14. CITY, ST, ZIP

NAME

2. TITLE

☐ Change

☐ Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY, ST, ZIP

24. CITY, ST, ZIP

NAME

3. TITLE

☐ Change

☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY, ST, ZIP

34. CITY, ST, ZIP

NAME

4. TITLE

☐ Change

☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY, ST, ZIP

44. CITY, ST, ZIP

NAME

5. TITLE

☐ Change

☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY, ST, ZIP

54. CITY, ST, ZIP

NAME

6. TITLE

☐ Change

☐ Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY, ST, ZIP

64. CITY, ST, ZIP

NAME

6. TITLE

☐ Change

☐ Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY, ST, ZIP

64. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. If 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 or changed, or on an attachment with an address.

SIGNATURE:

Richard I. Goldberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD GOLDBERGER, MD

2/22/96

(813) 875-0074

CR2E034 (12/95)