

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 PM 1:39

DOCUMENT # J89746 (8)

1. Corporation Name

STUART G. GOODMAN, M.D., P.A.

Principal Place of Business

3355 BURNS ROAD, SUITE 201  
PALM BEACH GARDENS FL 33410

Mailing Address

3355 BURNS ROAD, SUITE 201  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/25/1987

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2835305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, STUART G. MD  
3355 BURNS RD, STE 201  
PALM BEACH GARDENS FL 33410

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME

PD  
GOODMAN, STUART G.  
3355 BURNS RD STE 204  
PALM BCH GDNS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
GOODMAN, CLARA  
3355 BURNS ROAD #204  
PALM BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME

3.1 TITLE  
3.2 NAME

☐ Change ☐ Addition

TITLE  
NAME

3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME

4.1 TITLE  
4.2 NAME

☐ Change ☐ Addition

TITLE  
NAME

4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME

5.1 TITLE  
5.2 NAME

☐ Change ☐ Addition

TITLE  
NAME

5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME

6.1 TITLE  
6.2 NAME

☐ Change ☐ Addition

TITLE  
NAME

6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME

6.5 STREET ADDRESS  
6.6 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME

6.7 STREET ADDRESS  
6.8 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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, 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 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

*Stuart Goodman*

STUART GOODMAN - 16-95

401622-783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name