

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25594

FILED  
Mar 17, 2012  
Secretary of State

**Entity Name:** ROBERT I. GOLDBERG, M.D., P.A.

**Current Principal Place of Business:**

% MT SINAI MEDICAL CNTR, DIV. GI SVCS.  
4300 ALTON ROAD  
MIAMI BCH., FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

2880 PADDOCK ROAD  
WESTON, FL 33331 US

**New Mailing Address:**

**FEI Number:** 65-0052364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDBERG, ROBERT  
2880 PADDOCK ROAD  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: GOLDBERG, ROBERT I.  
Address: 4300 ALTON ROAD  
City-St-Zip: MIAMI BCH., FL 33140 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT I. GOLDBERG

PRES

03/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date