2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
02-08-2001 90371 045 ****61.25

0068197

DOCUMENT # N00000007412

1. Entity Name

THE DAVID M. BERNSTEIN, M.D., MEMORIAL MUSEUM OF

Principal Place of Business	Mailing Address
C/O JACOB H. GOLDBERGER, M.D. 2675 WINKLER AVENUE SUITE 490 FORT MYERS FL 33901	C/O JACOB H. GOLDBERGER, M.D. 2675 WINKLER AVENUE SUITE 490 FORT MYERS FL 33901

40364

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0977797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDBERGER, JACOB H MD 2675 WINKLER AVENUE SUITE 490 FORT MYERS FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ 01/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDBERGER, JACOB H MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Larry Garrett, M.D. 2675 Winkler Ave., Ste 490 Ft. Myers, Fl. 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTELLANOS, RONALD D MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vernon Peeples 2675 Winkler Ave., Ste 490 Ft. Myers, Fl. 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOSORETZ, DANIEL MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert J. Batson 8211 College Pkwy Ft. Myers, Fl. 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, ROGER MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sill Bernstein 2675 Winkler Ave, Ste 490 Ft. Myers, Fl. 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, JOHN MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Heather Hart 2675 Winkler Ave., Ste 490 Ft. Myers, Fl. 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAAR, DAVID G MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Suzi Martin 2675 Winkler Ave, Ste 490 Ft. Myers, Fl. 33901	☐ Change ☒ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing 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 617, 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: SIGNATURE REQUIRED 01/26/01 (941) 275-6659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # x226

Attachment
N00000007412
DOU15004

Continued UBR- Document # N00000007412

N00000007412
403164

Officers and Directors # 11 Addition

Ann C. Malone (D)
P O Box 6565 1237 SE 24th Ave
Ft. Myers, FL. 33911 Cape Coral, FL. 33990