

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007412

1. Entity Name

THE DAVID M. BERNSTEIN, M.D., MEMORIAL MUSEUM OF  
MEDICAL HISTORY, INC.

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

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 **65-1132708**  
**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

Name

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

City

**FL**

Zip Code

GOLDBERGER, JACOB H MD  
2675 WINKLER AVENUE SUITE 490  
FORT MYERS FL 33901

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

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GOLDBERGER, JACOB H MD**  
CITY-ST-ZIP **2675 WINKLER AVE SUITE 490**  
**FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CASTELLANOS, RONALD D MD**  
CITY-ST-ZIP **2675 WINKLER AVE SUITE 490**  
**FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DOSORETZ, DANIEL MD**  
CITY-ST-ZIP **2675 WINKLER AVE SUITE 490**  
**FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCOTT, ROGER MD**  
CITY-ST-ZIP **2675 WINKLER AVE SUITE 490**  
**FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BUTLER, JOHN MD**  
CITY-ST-ZIP **2675 WINKLER AVE SUITE 490**  
**FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GAAR, DAVID G MD**  
CITY-ST-ZIP **2675 WINKLER AVE SUITE 490**  
**FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, I am empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/16/02 (941)275-6659



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)