


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007412	
1. Entity Name THE DAVID M. BERNSTEIN, M.D., MEMORIAL MUSEUM OF MEDICAL HISTORY, INC.	

Principal Place of Business C/O JACOB H. GOLDBERGER, M.D. 2675 WINKLER AVENUE SUITE 490 FORT MYERS FL 33901	Mailing Address C/O JACOB H. GOLDBERGER, M.D. 2675 WINKLER AVENUE SUITE 490 FORT MYERS FL 33901
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0977797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDBERGER, JACOB H MD 2675 WINKLER AVENUE SUITE 490 FORT MYERS FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000025275 02/02/04-80099-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANOS, RONALD D MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSORETZ, DANIEL MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, ROGER MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, JOHN MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAAR, DAVID G MD 2675 WINKLER AVE SUITE 490 FORT MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID G. GAAR	01/21/04 (239) 275-6659
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