2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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	Mailing Address
13685 DOCTORS WAY #210 FORT MYERS, FL 33912 US	C/O JACOB H. GOLDBERGER, M.D. 2675 WINKLER AVENUE SUITE 490 FORT MYERS, FL 33901

04052006 No Chg-NP CR2E037 (11/05)

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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

GOLDBERGER, JACOB H MD
13685 DOCTORS WAY #210
FORT MYERS, FL 33912

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDBERGER, JACOB H MD
STREET ADDRESS	2675 WINKLER AVE SUITE 490
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	CASTELLANOS, RONALD D MD
STREET ADDRESS	2675 WINKLER AVE SUITE 490
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	DOSORETZ, DANIEL MD
STREET ADDRESS	2675 WINKLER AVE SUITE 490
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	SCOTT, ROGER MD
STREET ADDRESS	2675 WINKLER AVE SUITE 490
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	BUTLER, JOHN MD
STREET ADDRESS	2675 WINKLER AVE SUITE 490
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	GAAR, DAVID G MD
STREET ADDRESS	2675 WINKLER AVE SUITE 490
CITY-ST-ZIP	FORT MYERS, FL 33901

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04/25/06-80045-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jacob H. Goldberger, M.D. 4/5/06 (239)274-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #