

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007412

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

13685 DOCTORS WAY
#210
FORT MYERS, FL 33912 US

New Principal Place of Business:

3945 FOWLER STREET
FORT MYERS, FL 33901 US

Current Mailing Address:

C/O JACOB H. GOLDBERGER, M.D.
2675 WINKLER AVENUE SUITE 490
FORT MYERS, FL 33901

New Mailing Address:

C/O JACOB H. GOLDBERGER, M.D.
13685 DOCTORS WAY #210
FORT MYERS, FL 33912

FEI Number: 65-0977797 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOLDBERGER, JACOB H MD
13685 DOCTORS WAY #210
FORT MYERS, FL 33912 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: JACOB H. GOLDBERGER, M. D.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDBERGER, JACOB H MD
Address: 2675 WINKLER AVE SUITE 490
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: CASTELLANOS, RONALD D MD
Address: 2675 WINKLER AVE SUITE 490
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: DOSORETZ, DANIEL MD
Address: 2675 WINKLER AVE SUITE 490
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: SCOTT, ROGER MD
Address: 2675 WINKLER AVE SUITE 490
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: BUTLER, JOHN MD
Address: 2675 WINKLER AVE SUITE 490
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: GAAR, DAVID G MD
Address: 2675 WINKLER AVE SUITE 490
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOLDBERGER, JACOB H MD
Address: 13685 DOCTORS WAY #210
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: CASTELLANOS, RONALD D MD
Address: 13685 DOCTORS WAY #210
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: DOSORETZ, DANIEL MD
Address: 13685 DOCTORS SAY #210
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: SCOTT, ROGER MD
Address: 13685 DOCTORS WAY 210
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: MALONE, MARYANN
Address: 13685 DOCTORS WAY #210
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: GAAR, DAVID G MD
Address: 13685 DOCTORS WAY #210
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB H. GOLDBERGER, M. D.

D

04/10/2008

Electronic Signature of Signing Officer or Director

Date