

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007412

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

3945 FOWLER STREET
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O JACOB H. GOLDBERGER, M.D.
P.O BOX 7633
FORT MYERS, FL 33911

FEI Number: 65-0977797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date