

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90030 044 ***150.00

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01302008 Chg-P CR2E034 (12/06)

DOCUMENT # P00000030112		
1. Entity Name SHARI L. GOLDBERG, O.D., P.A.		

Principal Place of Business 1200 EAST LAS OLAS BLVD SUITE 104 FORT LAUDERDALE, FL 33301	Mailing Address 9272 NW 9 CT. PLANTATION, FL 33324
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2. Principal Place of Business - No P.O. Box # 5976 Coral Ridge Drive	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Springs, FL	City & State
Zip 33076	Country USA

6. Name and Address of Current Registered Agent	
GOLDBERG, SHARI L 9272 NW 9 CT PLANTATION, FL 33324	

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDBERG, SHARI L 9272 NW 9 CT PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: Shari L. Goldberg / Shari L. Goldberg 4/12/08 954/574-1294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #