

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000070330

Entity Name: SANDRA GOLDFINGER, M.D., P.A.

FILED  
Oct 22, 2004  
Secretary of State

## Current Principal Place of Business:

17166 GULF PINE CIRCLE  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

17166 GULF PINE CIRCLE  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 65-1121702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDFINGER, SANDRA  
17166 GULF PINE CIRCLE  
WELLINGTON, FL 33414 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOLDFINGER, SANDRA  
Address: 12989 SOUTHERN BLVD SUITE 201  
City-St-Zip: LOXAHATCHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: GOLDFINGER, SANDRA MD  
Address: 17166 GULF PINE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOLDFINGER SANDRA

MD

10/22/2004

Electronic Signature of Signing Officer or Director

Date