

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90015 007 ***150.00

DOCUMENT # P03000091348

1. Entity Name
PAUL S. GOODKIN, D.C., P.A.



Principal Place of Business
1825 NE 45TH ST STE A
FT LAUDERDALE, FL 33308

Mailing Address
1825 NE 45TH ST STE A
FT LAUDERDALE, FL 33308

40049420



2. Principal Place of Business - No P.O. Box #
2500 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
2500 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.
SUITE 100

03072008 Chg-P CR2E034 (12/06)

City & State
PORT LAUDERDALE, FL

City & State
PORT LAUDERDALE, FL

4. FEI Number
20-0269401

Applied For
Not Applicable

Zip
33305

Country
USA

Zip
33305

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODKIN, PAUL A DR
1825 NE 45TH ST STE A
FT LAUDERDALE, FL 33308

Name
DR. PAUL A. GOODKIN

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

2500 N. FEDERAL HIGHWAY, SUITE 100

City
PORT LAUDERDALE

FL

Zip Code
33305

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVS
GOODKIN, PAUL S
1825 NE 45TH ST STE A
FT LAUDERDALE, FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVS
GOODKIN, PAUL S
2500 N FEDERAL HIGHWAY, STE 100
FORT LAUDERDALE, FL 33305 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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 **PAUL S GOODKIN**

DATE **3/13/08**

Daytime Phone #