## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000099070

Entity Name

GOLDENBERG PATHOLOGY, P.A.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

10745 SW 74 COURT PINECREST, FL 33156 Mailing Address

10745 SW 74 COURT PINECREST, FL 33156



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4. FEI Number Applied For 20-1335355 Not Applicable

5. Certificate of Status Desired

04202006

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

GOLDENBERG, BERTHA M 10745 SW 74 COURT PINECREST, FL 33156

## DO NOT WRITE IN THIS SPACE

No Chg-P

				IN THIS STAGE			
	named entity submits this statement for the plans of registered agent.	surpose of changing its registere	ed office or (	egistered agent, or bo	ith, in the State of Florida. I am fan	nillar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered)			d Agent signature	Agent signature required when reinstating) DATE			
		9. Election Campaign Finar Trust Fund Contribution.	ocing .	\$5.00 May Be U00000528072 05/05/06-80020-023 150.00		23 150.00	
10.	OFFICERS AND DIREC	TORS .		***************************************			
NAME STREET ADDRESS CHY-ST-ZIP	D GOLDENBERG, CARLOS J M.D. 10745 SW 74 COURT PINECREST, FL 33156			· · · ·	en e de la companya d	* × . *	
NAME STREET ADDRESS CITY-ST-ZIP			•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	, <i>*</i>	
HILE NAME STREET ADDRESS CHY-ST-ZIP				ÎN '	THIS SPACE	, ,, ,	
NAME SIREET ADDRESS CITY-ST-ZIP						i.	
NAME STREET ADDRESS CITY-ST-ZIP			,		O Flade County Live - "Co	that the Toformation	
TAL THEFEBY	certify that the information supplied with this fi	ang does not quality for the ext	emptions col	named in Unapier 11:	a, rionna statutes, i turmer certify	mar me miormation	

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 suppliemental 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 certor 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2006

Daytone Phone \*