

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000126041

**Entity Name:** RANDY GOLDFARB, D.M.D., P.A.

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

951 NW 13TH STREET  
SUITE 3A  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

951 NW 13TH STREET  
SUITE 3A  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 20-3784853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDFARB, RANDY  
951 NW STREET  
SUITE 3A  
BOCA RATON, FL 33486 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: DR.  
Name: GOLDFARB, RANDY  
Address: 951 NW 13TH ST, SUITE 3A  
City-St-Zip: BOCA RATON, FL 33486

Title: MRS.  
Name: GOLDFARB, TARA K  
Address: 951 NW 13TH STREET SUITE 3A  
City-St-Zip: BOCA RATON, FL 33486

I hereby 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 all other like empowered.

SIGNATURE: TARA GOLDFARB

MRS

03/26/2012

Electronic Signature of Signing Officer or Director

Date