

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016517

FILED
Apr 30, 2009
Secretary of State

Entity Name: ROBERT B. GOLDSTEIN, M.D., P.A.

Current Principal Place of Business:

1841 LAKELET LOOP
OVIEDO, FL 32765 US

New Principal Place of Business:

2180 PARK AVENUE NORTH
324
WINTER PARK, FL 32789 US

Current Mailing Address:

1841 LAKELET LOOP
OVIEDO, FL 32765 US

New Mailing Address:

2180 PARK AVENUE NORTH
324
WINTER PARK, FL 32789 US

FEI Number: 51-0620223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, ROBERT B MD
1841 LAKELET LOOP
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

GOLDSTEIN, ROBERT B MD
2180 PARK AVENUE NORTH
324
WINTER PARK, FL 32789 US

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: ROBERT GOLDSTEIN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLDSTEIN, ROBERT B MD
Address: 1841 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765 US

Title: V () Delete
Name: GOLDSTEIN, ROBERT B MD
Address: 1841 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765 US

Title: SECR () Delete
Name: GOLDSTEIN, ROBERT B MD
Address: 1841 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765 US

Title: TREA () Delete
Name: GOLDSTEIN, ROBERT B MD
Address: 1841 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOLDSTEIN, ROBERT B MD
Address: 2180 PARK AVENUE NORTH, SUITE 324
City-St-Zip: WINTER PARK, FL 32789 US

Title: VP (X) Change () Addition
Name: GOLDSTEIN, ROBERT B MD
Address: 2180 PARK AVENUE NORTH, SUITE 324
City-St-Zip: WINTER PARK, FL 32789 US

Title: SECR (X) Change () Addition
Name: GOLDSTEIN, ROBERT B MD
Address: 2180 PARK AVENUE NORTH, SUITE 324
City-St-Zip: WINTER PARK, FL 32789 US

Title: TREA (X) Change () Addition
Name: GOLDSTEIN, ROBERT B MD
Address: 2180 PARK AVENUE NORTH, SUITE 324
City-St-Zip: WINTER PARK, FL 32789 US

Title: DR () Change (X) Addition
Name: GOLDSTEIN, ROBERT B MD
Address: 2180 PARK AVENUE NORTH, SUITE 324
City-St-Zip: WINTER PARK, FL 32789

Title: DR () Change (X) Addition
Name: GOLDSTEIN, ROBERT B MD
Address: 2180 PARK AVENUE NORTH, SUITE 324
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT GOLDSTEIN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date