

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016517

FILED  
Apr 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2180 PARK AVENUE NORTH  
324  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 PARK AVENUE NORTH  
324  
WINTER PARK, FL 32789 US

**New Mailing Address:**

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  
2180 PARK AVENUE NORTH  
324  
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: DR  
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 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: ROBERT B. GOLDSTEIN

PRES

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date