

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2008 8:00 am
Secretary of State

02-13-2008 90022 011 ***158.75

DOCUMENT # P07000063465					
1. Entity Name SANDY R. GOLDMAN, D.O., P.A.					
Principal Place of Business 3053 BIRKDALE WESTON, FL 33332			Mailing Address 3053 BIRKDALE WESTON, FL 33332		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 06-0246268					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KLEIN, THEODORE J ESQ. 8030 PETERS ROAD SUITE D-104 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEB IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President	NAME Sandy Goldman	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS 3053 Birkdale	CITY- ST- ZIP Weston FL 33332		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
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 _____					

Sandy Goldman
President 3/8/08