

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000020536

Entity Name: JOHN P. GOSHGARIAN, P.A.

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

5550 HAWKES BLUFF AVENUE  
DAVIE, FL 33331

## **New Principal Place of Business:**

3830 HOLLYWOOD BOULEVARD  
SUITE 106  
HOLLYWOOD, FL 33021

## **Current Mailing Address:**

P.O. BOX 291267  
DAVIE, FL 33329

## **New Mailing Address:**

3830 HOLLYWOOD BOULEVARD  
SUITE 106  
HOLLYWOOD, FL 33021

FEI Number: 26-4037193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOSHGARIAN, KIMBERLY R  
5550 HAWKES BLUFF AVENUE  
DAVIE, FL 33331 US

## **Name and Address of New Registered Agent:**

KOPROWSKI, PAUL  
10031 PINES BOULEVARD  
SUITE 224  
PEMBROKE PINES, FL 33024 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: PAUL KOPROWSKI

03/21/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D, P  
Name: GOSHGARIAN, JOHN P  
Address: 3830 HOLLYWOOD BOULEVARD, SUITE 106  
City-St-Zip: HOLLYWOOD, FL 33021 US

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: JOHN GOSHGARIAN

P

03/21/2011

Electronic Signature of Signing Officer or Director

Date