

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000056517

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** JOSE M. GOLDAR, M.D., P.A.

**Current Principal Place of Business:**

1453 S.W. 156TH WAY  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1453 SW 156TH WAY  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

1453 S.W. 156TH WAY  
PEMBROKE PINES, FL 33027

**FEI Number:** 26-2781600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDAR, DALINDA  
1453 S.W. 156TH WAY  
PEMBROKE PINES, FL 33027 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: DPT  
Name: GOLDAR, JOSE M MD  
Address: 1453 S.W. 156TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33027

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: JOSE M. GOLDAR, MD

DPT

03/17/2011

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

\_\_\_\_\_  
Date