FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P9300000501 (5)

DOCUMENT # 1. Corporation Name CARLOS J. GOLDENBERG, M.D., P.A. Principal Place of Business Mailing Address 10745 S.W. 74 COURT 10745 S.W. 74 COURT MIAMI FL 33156 **MIAMI FL 33156**



3. Date Incorporated or Qualified

19/98/1009

3a. Date of Last Report

04/20/100E

GOLDENBERG, B 10745 S.W. 74TH MIAMI FL 33156	Country 25 ie and Address of Current f ERTHA M I CT. sions of Sections 607,0502 ar	nd 607.1508, Florida Statutes Such change was authonzed	81 82 83 84 s, the above	Name Street Addre	4. FEI Number 65-0380295 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes Yes 10. Name and Address of New Ress (P.O. Box Number is Not Acceptable)	□ No legistered	\$8.73 Fee \$5.0 Adde x under s	Applied For Not Applicable 5 Additional Required 10 May Be and to Fees 199.032,
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10745 S.W. 74TH MIAMI FL 33156	sions of Sections 607.0502 at	 Such change was authorized 	83 84 s, the above	City	553 V. O. DON NATION IN THE TRACE			
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	or both, in the State of Florida.	 Such change was authorized 	s, the above-	<u> </u>		FL	85 Z	p Code
 11. Pursuant to the provi- 	or both, in the State of Florida.	 Such change was authorized 		named corpora	ation submits this statement for the pur	pose of cha	naina its	registered office
or registered agent, o		. cccoop, rionad oldidos.	d by the corp	oration's boar	d of directors. I hereby accept the appo	ointment as	registered	d ägent. I am
SIGNATURE								
	ed or printed name of registered agent and OFFICERS AND (· · · · · · · · · · · · · · · · · · ·	it signature required		DATE	DIDEON	NEW 11.40
12.	OFFICENS AND I	DELETE	13.		ADDITIONS/CHANGES TO OFFI		Change	
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			1.2 NAME					
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 exproration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Carlos J. Goldenberg 4/26/96 (305) 662-2125
OFFICER OR DIRECTOR