2000 UNIFORM BUSINESS REPORT 99-UDAR

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015124

1. Entity Name
SCOTT H. GOLDBERG, M.D., P.A.

Principal Place of Business	Mailing Address
1190 NW 95th ST STE 200 MIAMI, FL 33150	C/O H. FRIEDMAN CPA 11420 WAYNE DR COOPER CITY, FL 33026

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0478048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDBERG, SCOTT 1190 NW 95th ST STE 200 MIAMI, FL 33150	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.

SIGNATURE ____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME GOLDBERG, SCOTT H STREET ADDRESS 1190 NW 95th ST STE 200 CITY-ST-ZIP MIAMI, FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003171908 ☐ Change ☐ Addition -03/16/00--01012--002 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SCOTT H. GOLDBERG 3/1/00 305-691-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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HOWARD R. FRIEDMAN
CERTIFIED PUBLIC ACCOUNTANT

MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

11420 WAYNE DRIVE
COOPER CITY, FL. 33026

TELEPHONE
(954) 431-7799
FAX (954) 431-7802

FEBRUARY 28, 2000

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: SCOTT H. GOLDBERG, M.D., P.A.
P94000015124

GENTLEMEN:

ENCLOSED PLEASE FIND THE UBR FORM FOR THE YEAR 2000 FOR MY CLIENT ABOVE AND A REINSTATEMENT FORM FOR SAME. PLEASE CONSIDER THE FOLLOWING INFORMATION. MY CLIENT DID NOT RECEIVE THE FORM FOR 1999 SINCE IT WAS SENT TO AN INCORRECT ADDRESS. A COPY OF THE 1998 FORM IS ENCLOSED SHOWING THE ADDRESS THAT WAS USED AND AS YOU CAN SEE, IT WENT TO N.W. 7TH ST. INSTEAD OF N.W. 95TH STREET. I CANNOT EXPLAIN HOW THEY RECEIVED THE 1998 FORM EXCEPT THAT THE POSTMAN MIGHT HAVE RECOGNIZED THE NAME.

THE 1999 FORM NEVER CAME AND MY CLIENT OF COURSE DID NOT PAY THE FEE AS. WE ASK YOUR INDULGENCE IN ACCEPTING THE ENCLOSED CHECK IN THE AMOUNT OF $300.00 COVERING THE 1999 AND 2000 REPORTS WHICH WOULD REINSTATE THE CORPORATION.

PLEASE LET US KNOW THE ACTION YOU WILL TAKE.

SINCERELY,

HOWARD R. FRIEDMAN